Giant Mucinous cyst-adenoma of right ovary in 13 year old female: A case report

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Abstract
Mucinous cystadenoma (MCA) in premenarcheal females is a rare form of epithelial tumour that is a benign cystic ovarian neoplasm. To our knowledge, there are only eight cases of mucinous cyst adenoma, three of borderline mucinous cystadenoma, and three of mucinous cystadenocarcinoma reported in the English-language literature. A 13-year-old presented with a history of increasing abdominal distension and pain for approximately six months. An adnexal mass measuring 24x18x13 cm was detected by abdominal ultrasonography and computed tomography. She underwent laparotomy and surgical removal. Histopathology findings showed that the tumour was diagnosed as a mucinous cystadenoma.

Keywords: Mucinous cystadenoma, premenarchal female, salpingo-oophorectomy

Abbreviations: MCA- Mucinous Cyst-adenoma, CEA- Carcinoma-embryonic antigen, CA125- cancer antigen 125, AFP -Alpha fetoprotein, HCG-Human chorionic gonadotropin

Introduction
Case report
A 13-year-old, premenarchal, previously healthy girl presented with slowly increasing abdominal distension over six months. The swelling was accompanied by vague abdominal pain and constipation since three months before admission. There was no history of vomiting or other gastrointestinal attacks, fainting attacks, colicky pain. She had no previous history of operations any illnesses or allergies. Huge abdominal cystic mass that occupied all of the abdomen and pelvic cavity based on sonographic examinations was noted. Haematological and biochemical profiles, tumour markers (AFP, CA-125, CEA, CA 19-9, and HCG) all were within the normal range. On general examination her vital signs were normal, weighed 50 kg. Abdominal tomography examination of the abdomen showed an enormous intra abdominal mass extending from the pelvis to the xiphoid process.

Laparotomy was performed by midline incision
There was no free fluid in the abdomen. The tumour was found to originate from the right ovary at surgical exploration. The left ovary and fallopian tube was explored and typically normal. Unilateral salpingo-oophorectomy with tumour removal was performed. The tumour measured 24x18x13 cm and weighed 5 kg (Figure 3)

CT images
The histopathology findings showed that cysts are lined with columnar epithelium without atypia containing mucin in the apical part, the tumour was diagnosed as a MCA of the ovary. The postoperative period was uneventful and the patient was discharged on the fifth day after the operation with no local or systemic complications. Patient was followed up for 3 months with no significant problems.

References


