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Case Report

Case of Left Ovarian Mucinous Cystadenoma, How Far Can It Go?

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Introduction

Cystadenomas come from the superficial coelomic epithelium, being the most frequent benign tumors in the ovary, 25% of them with a low malignancy index of around 7% approximately. Its diagnosis is more frequent in women of reproductive age around 20-50 years of age. In the case of the mucinous in particular, it has a representation of 15%. In the review of the literature, a giant ovarian tumor is considered to be one that measures more than 10 cm. In our case, we present the case of a 59-year-old woman (not reproductive age) who presented an ovarian cystadenoma of > 30 cm.

Presentation Case

A 64-year-old woman with a personal history of interest who has smoked 5 cigarettes a day and has been a former consumer of alcohol and beer for a year and a half. She presented as the first symptom growth of the abdominal perimeter together with hyporexia and gastric fullness with decreased diuresis without other types of digestive symptoms. She goes to Internal Medicine for an ascites study where a puncture of ascitic fluid is performed with pathology without malignant cells. A CT of the abdomen was performed to screen for intra-abdominal lesions, revealing a large liquid mass, which due to its size of 35x35x37cm (APxWxL) cannot determine its origin (Figure 1). The patient had an initial weight of 89 kg [1-3].

Figure 1: A large cystic mass was observed that occupies the entire abdominal cavity and displaces intra-abdominal organs.

It is presented to the Tumor Committee together with Oncology and Radiology and decides on surgical intervention for excision of the tumor. In the surgical intervention, after opening the aponeurotic fascia, the mass occupying the entire abdomen and firmly adhered to the abdominal wall was found. Initially, a small, controlled incision is made to evacuate the content, extracting about 18 liters of ascites-type content. Complete Cytoreductive Surgery is performed by resection of a mass of adnexal origin together with major omentectomy + bilateral pelvic and parietocolic

peritonectomy. HIPEC is further performed at 41˚C with Mitomycin C for one hour. The patient in her postoperative follow-up did not present any notable incidents, only admission to the ICU for 48 hours with early extubation and withdrawal of vasoactive drugs in the first hours. She was discharged on the 15th day of admission without incident (Figure 2).

Figure 2: Pre-surgical (left) and post-surgical (right) image after resection of a giant ovarian mass compatible with ovarian mucinous cystadenoma. Surgical piece in lower image

The definitive anatomopathological result is a mucinous cystadenoma of 32 cm in its maximum diameter with a weight of 5 kg without fluid inside, from which 18 liters were evacuated, with a maximum weight of >20 kg approximately. No distant lesions were found.

Discusion

Currently, the diagnosis of giant ovarian tumors is infrequent due to screening programs and tests performed for early diagnosis. More emphatically, it is even rarer in developed countries with advanced early detection programs. In the literature there are few cases in which giant ovarian tumors > 30 cm are published, most of them from the end of the 20th century, justifying this by the few means available for early detection of ovarian cancer. In our case, the age of the patient carries a higher percentage of risk of malignancy in this type of tumors and for this reason an aggressive surgical intervention with intraoperative chemotherapy was performed because there was no previous diagnosis, which can only be obtained with the pathology of the tumor. surgical piece. Despite presenting exponential abdominal growth, the patient did not go to a specialist for fear of a diagnosis and surgical intervention, for this reason we emphasize the need and importance of early detection programs to avoid reaching this type of situation.

Conclusion

With this case we present the ovarian mucinous cystadenoma that, despite being a benign pathology, a small percentage of these presents malignancy which increases with age. In addition, this type of tumor can show exponential growth to form giant tumors (>10 cm) as in our case. We highlight early detection programs to prevent patients with a similar diagnosis from having this growth and being able to receive treatment beforehand.

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