

Giant Ovarian Serous Cystadenoma in a Young Woman: A Case Report

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Abstract

Background: This study describes a giant asymptomatic serous cystadenoma in a young woman with alternative technical approach and presence of tubal metaplasia in the anatomopathological study.

Case: This case describes a young patient with an ultrasonography showing a right adnexal cyst of approximately 2,400g of probably ovarian etiology. The patient underwent an exploratory laparotomy with a transverse minimal incision and using epidural material. The anatomopathological study showed a serious cystadenoma with tubal metaplasia foci.

Conclusion: It is possible to access a giant ovarian cystadenoma with a minimal incision. The presence of tubal metaplasia in the studied serous cystadenoma reinforces the need of new studies to better comprehend the relationship between tubal and ovarian pathologies.

Keywords: Cystadenoma; Serous; Women's Health; Fallopian Tubes; Surgery; Anatomy & Histology; ultrasonography; Ovarian Cysts; Comprehensive Health Care

Case Report

Ovarian neoplasm may be divided by origin cell type into three main groups: epithelial, stromal and germ cell. According to some studies, the serous cystadenoma is the most common type (epithelial tumors) [1]. Recent histologic evidence shows that many ovary tumors may have originated in the fimbrial end of the fallopian tube [2].

This case report, approved by the Ethics Committee of Santa Clara Hospital and Maternity (HMSC) and by the patient through a free and informed consent, studies an 18-year-old woman referred to the HMSC ambulatory care, in Uberlandia, MG, Brazil (April, 2015) with an ultrasonography showing a right adnexal cyst of approximately 2,400g with regular contours, anechoic content and of probably ovarian etiology. Despite the cyst volume, what caught the attention in this case was that the patient remained virtually asymptomatic during the 8 months of cyst growth. Normal preoperative test results and negative tumour markers were requested.

The patient underwent an exploratory laparotomy through an infraumbilical transverse incision. The cyst was drained with no ruptures, before the withdrawal. Although propedeutics suggested benignity, criteria of surgical oncology were followed at the opening of the abdominal wall with protection, using swabs and a long epidural needle to avoid possible discharge of liquid during puncture.

The alternative use of an epidural needle was a success detail in the procedure. It allowed to safely and gradually drain 2020 ml of clear cyst liquid (negative culture and absence of neoplastic cells). This measure minimized the risk of contact between the material and the abdominal cavity. A bilateral ovarian biopsy without histological changes was performed, and both ovaries were preserved.

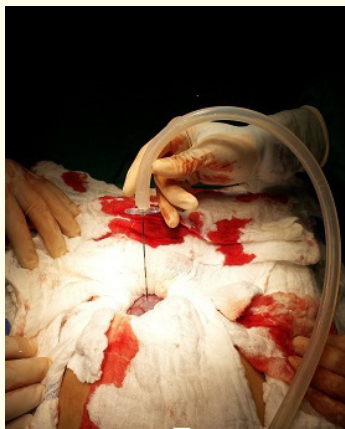
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The anatomopathological study showed a serous cystadenoma with tubal metaplasia foci, weighing 646g after draining 2020 ml of it (the total volume of the cyst was approximately 2600g). The patient was discharged in 24 hours without complications.

A midline incision is still the preferred method in abdominal surgeries where the preoperative diagnosis is uncertain [3]. However, in young and single women the scar is important [4]. The suggestive of benignity, the absence of a previous scar, the young age of the patient and the plan of emptying the cyst allowed a transverse minimal incision, safely performed, and with excellent cosmetic results.

The presence of tubal metaplasia in the studied serous cystadenoma reinforces the need of new studies to better comprehend the relationship between tubal and ovarian pathologies.

The authors declare that there are no conflicts of interest.



Bibliography

1. Vellanki V Sujatha and Sunkavalli C Babu. "Giant ovarian serous cystadenoma in a postmenopausal woman: a case report". *Cases Journal* 2 (2009): 7875-7878.
2. Berek JS., et al. "Cancer of the ovary, fallopian tube, and peritoneum". *International Journal of Gynecology & Obstetrics* 119.S2 (2012): S118-S129.
3. Grantcharov TP and Rosenberg J. "Vertical compared with transverse incisions in abdominal surgery". *European Journal of Surgery* 167.4 (2001): 260-267.
4. Gautam G. "Laparoscopy aided ultra-mini laparotomy in young unmarried girls for ovarian cysts". *International Journal of Gynecology & Obstetrics* 107.S2 (2009): S676.

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