Can Ovarian Cyst Become Mammoth Sized in a Short Span Due to Infection?- This Unusual Case Depicts So

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Abstract

Small ovarian cyst may be a common finding in females albeit giant ovarian cyst is a rare entity, nowadays, due to the availability of advanced imaging modalities. Reporting of a benign natured small ovarian cyst gaining enormous size in a duration of a few days due to infection is rare in literature and the following case is apparently the first of its kind.

Introduction

If there is progressive large abdominal fluid accumulation in laxed abdomen of middle or elderly female, usual clinical diagnosis is ascites unless proved otherwise. Simple or malignant giant ovarian cyst, giant hydronephrosis, huge pancreatic cyst, large uterine myomas with cystic degeneration should be included in differential diagnosis of ascites[1, 2]. Nowadays, neoformations like, functional, simple or neoplastic ovarian cysts, are diagnosed relatively early, before they become of big dimensions, even if they present few symptoms. It seems to be interesting to report a case of ovarian cyst which was initially of 9 x 17 cm size and suddenly grew to 25 cm (ML) x 20 cm (AP) x 32 cm (SI) size after infection which is a very rare phenomenon.

Case Report(s)

A 50 years female was admitted with history of sudden abdominal distention. She gave history of ovarian cyst of size without any symptoms in the past. Twenty two days back she developed a high grade fever and there was sudden increase in size of abdomen as in . For the last one day, she complained of respiratory distress. On examination, whole abdomen was distended and engorged with visible veins. A succussion splash and shifting dullness were noted. Emergency abdominal paracentesis was done to relieve respiratory distress and 1.5 liter of fluid was drained. The fluid was sent for examination and report revealed infective in nature.

There was no history of liver or heart disease. Serum tumor markers were all normal range. All blood investigations were within normal limits. Ultrasound showed whole abdomen full of fluid.

But computerized tomography scan diagnosed it as giant simple ovarian cyst of 25 x 20 x 32 cms size. Ultrasound guided decompression of cyst was done over three consecutive days and about 8L of fluid was drained. This technique of slow decompression was used to keep the patient haemodynamically stable. The blunt Hassan technique of insufflation was used and laparoscopic ovarian cystectomy was done and sent for histopathological examination which revealed serous cystadenoma.

Discussion

Massive ovarian cyst fills the entire abdomen and can mimic ascites clinically as well as ultrasonographically [3, 4]. The massive distension of abdomen inhibits ultrasonic appreciation of pelvic anatomy [5]. Abdominal fluid collection should not always be diagnosis as ascites because giant ovarian cysts, giant hydronephrosis, huge pancreatic or mesenteric cyst can mimic ascites. Abdominal paracentesis or unwitting ovarian cyst paracentesis yields non-specific information on biochemical, microbiological and cytological examinations [6]. Imaging diagnostic tools for ovarian cysts are ultrasound and CT scan. Sudden decompression of abdomen by removing giant ovarian cyst can result in haemodynamical disturbance in patient. Ideally, drainage of large cyst can be done with ultrasound guided per abdominal aspiration [7] or with the help of nephrostomy catheter [8] or through vagina [9]. By reducing the cyst size, intra–abdominal space availability is better as well as there are less chances of injury to intra-abdominal organs while doing laparoscopic surgery. The blunt Hassan technique of insufflation is preferred over the veress needle [10, 11, 12, 13]. During laparoscopy approach for cyst with a diameter bigger than 10 cm, there is limited work space and visualization resulting in difficulties in identifying important structures such as the ureters [13]. Usually extraction of bigger size cyst...
(benign as well as malignant) is difficult and can result in spillage of cyst contents thus raising the concern about dissemination of malignancy. According to various reports, intra-operative rupture of malignant cyst or tumor did not influence the prognosis because factors like tumor grade, the presence of dense adhesions or the presence of large volume ascites, influence the tumor relapse[12, 14, 15, 16]. So, intra-operative rupture of cyst does not cause any dissemination of malignancy. Even laparoscopic enucleation of serous cystadenoma with preservation of residual ovarian parenchyma can be done in younger patient to preserve the fertility [17]. Laparoscopic guided aspiration of giant cyst, followed by extra-abdominal excision of cyst can also be done through minimal access approach[18].

Conclusion

Small ovarian cyst can be managed with open surgical technique as well as laparoscopically. But management of giant ovarian cyst with minimal access is a difficult procedure, nevertheless, can be done safely by utilizing open Hassan technique of insufflation, thereby, reducing hospital stay and postoperative analgesic.

References

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