Coexistence of a Huge Ovarian Mucinous Cystadenoma and Mature Cystic Teratoma

DEV MÜSİNÖZ OVER KİSTİ VE DİĞER ÖVERDE MATÜR TERATOM

Bülent BAYSAL, Bilgin GÜRATEŞ, Türkan MUTAFOĞLU, Sinan BERKMAN

İÜTF. Kadın Hastalıkları ve Doğum Anabilim Dalı, İSTANBUL

SUMMARY

Objective: *To present a case with a huge mucinous cystadenoma weighing 36.5 kg and a mature teratoma in the opposite ovary*

Institute: *LInive. sity of istanbul, istanbul Faculty of Medicine. Dept. of Obstetrics and Gynecology.*

Material and Method: *A patient with distended abdomen, significant edema of the right leg, tachypnea was operated because of ovarian tumor.*

Results: *Management of the pa tient included total abdominal hysterectomy with bilateral salpingo-oophorectomy without rupture of the cyst, sampling for cytologic evaluations, padial omentectomy, appendectomy, paraaortic lymph node sampling and cholecystectomy because of cholelithiasis. There was not any postoperative complication. The pathologial report of the huge cyst was mucinous cystadenoma and mature cystic teratoma of the opposite ovary. She was discharged home on postoperative day 10.*

Conclusion: *Giant ovarian cysts are now rarely seen because of the development in health care systems and education. This was the largest ovarian cyst in our clinic we have seen before.*

Key Words: Mucinous cystadenoma, mature teratoma

T Klin J Gynecol Obst 1996, 6: 277-278

ÖZET

Amaç: *36.5 kilo ağırlığında müsinöz över kisti ve diğer överde matür teratom saptanan olgunun sunumu.*

Çalışmanın yapıldığı yer: *istanbul Tıp Fakültesi, Kadın Hastalıkları ve Doğum Anabilim Dalı*

Materyal ve Metod: *Batında aşırı derecede gerginlik, sağ bacakta ödem, taşıpne ve dispne tablosu ile müracat eden olgu över tümörü ön tanısı ile öpere edildi.*

Bulgular: *Operasyonda, dev sağ över kisti ekstirpe edildi ardından sırasıyla sitolojik inceleme için örnekler alındı, histerektomi, sol salpingo-ooforektomi, omentektomi, paraaortik lenf örneklemesi, appendektomi ve kolesistektomi yapıldı. Hasta ameliyat sonrası 10. günde taburcu edildi. Histopatolojik inceleme sonucu sağ överde müsinöz kistadenom, sol överde ise matür teratom olarak bildirildi.*

Sonuç: *Dev över kistleri sağlık hizmetlerinin yaygınlaşması ve eğitim düzeyinin artması nedeni ile karşımıza çok nadiren çıkmaktadır. Kliniğimizde şu ana kadar bu büyüklükte bir över kistine rastlamamış olmamız nedeni ile bu olgu sunulmuştur.*

Anahtar Kelimeler: Müsinöz kistadenom, Matür teratom

T Klin Jinekol Obst 1996, 6: 277-278

Several huge mucinous cystadenomas have been reported weighing more than 10-12 kilograms. Mucinous cysts are round masses with smooth, bluish-white capsules. The interior is divided into a number of discrete septa or locules containing clearviscid fluid. It is believed that, cysts usually arise from simple metaplasia of the germinal epithelium. The may arise from a teratoma in which all the other elements have been blotted out (1) The incidence of bilaterality of mucinous cysts are very low. Suntharasaj et al (2) from Thailand have reported the largest ovarian cyst in Songlanagarind Hospital weighing 64 kilograms. And we are introducing a huge ovarian cyst weighing 36,5 kilogram.

Geliş Tarihi: 13,11.1995

Yazışma Adresi: Bülent BAYSAL
Noter Sk. 43/16 81070 Suadiye-İSTANBUL

CASE

She was a 43 year-old woman, with a distended abdomen, tachpnea, dyspnea and right leg edema. She weighed 94 kilograms. Her menses had been regular until the last menstruation, which occurred 5 months ago. She and not any pregnancy before. Her preoperative imaging evaluation (CT, USG) revealed a huge, complex cyst with several discrete septa (Figure 1,2). Biochemical and haematological evaluations were normal except high sedimantatlon rate which was

Figure 1. Macroscopic appearance of the musinous cyst and other ovary.

Şekil 1. Müsinöz kistin ve diğer överin makroskopık görünümü

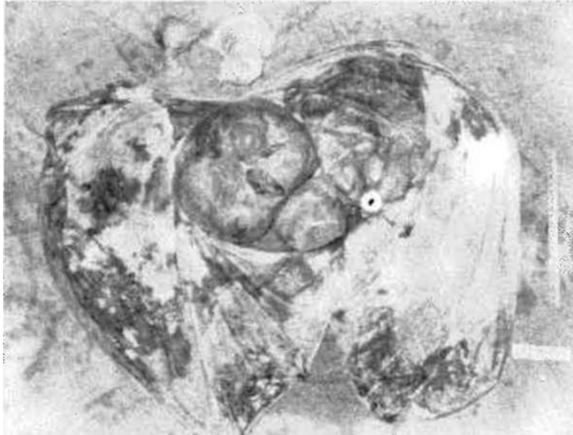

Figure 2. Macroscopic appearance of the inner shape of the mucinous cyst.

Şekil 2. Müsinöz kistin içinin makroskopık görünümü

equal to 75 mm in the first hour. Tumor marker evaluations were revealed CA-15: 75 U/ml, CA 19-9: 2,5 U/ml, CEA: 1,2 ng/ml, AFP:500 IU/ml, The surgical management of the patient began with a median incision big enough to peel off the abdominal wall from the ovarian surface. There was no ascites in the abdomen. After liberating the loose adhesions of the mass, right salpingo-oophorectomy was performed in order to get out the cyst without rupture and too perform other procedures. Then washings and samples for cytological evaluation were taken, total hysterectomy, left salpingo-oophorectomy, partial omentectomy, appendectomy, paraaortic lymph node sampling and cholectomy because of cholelithiasis were performed. The patient was replaced 2 units of whole blood and 2 units of fresh frozen plasma and 3 litres of crystalloid solution during the operation. We used fractionised heparin and cephalosporins in order to prophylaxis of thromboembolic phenomenon and infection in the postoperative period. Macroscopicially diameters of the right ovarian cyst was 55x40x40 cm and left ovarian cyst was 16x15x10 cm. The huge cyst had clear fluid in multilocular inner shape. Microscopic findings revealed multilocular mucinous cystadenoma of the right ovary and mature cystic teratoma of the left ovary, chronic cholecystitits with choolesterosis. There were no any pathologic findings of other specimens. She was discharged home on postoperative day 10 without any problems.

DISCUSSION

Giant varian tumors are now rarely seen because of the development in health care Mucinous tumors may reach an enormous size, filling the entire abdominal cavity (3). If seen, the successful management of those huge tumors requires multidiscihplinary team approach, because perioperative and postoperative care of such patient requires special support as in this care. She was followed in the reamination unit after the operation for 24 hours. In contrast to serous cystadenomas the Incidence of bilaterality of mucinous tumors are very low. Mucinous cystadenomas occasionally may arise from a teratoma in which all other elements have been blotted out. So. it is not uncommon to see them with mature teratoma in the same or in the opposite ovary. However, the other ovary is of normal size and shape surgical evaluation is not necessary. Another point we want to stress that, if it was necessary to perform total abdominal hysterectomy with bilateral salpingo-oophorectomy and other procedures for comprehensive evaluatin of the disease. The conclusion of our Gynegologic Oncology group is that, the frozen section of such a big mucinous tumor may not be clear enogh for exclusion of malignancy. Therefore, we may perform acomprehensive staging procedure in cases of mucinous cystadenomas especially if the patient completed her family.

REFERENCES

1. Disaia PJ. Creasman WT. Clinical Gynecology Oncology. Fourth Edition Mosby Year Book Inc. Missouri 1993; 312-25.
2. Suntharasaj T, Sriwongpanih S. Sorapitat C. The largest ovarian cyst in Songlanagarind Hospital: a case report. J-Med-Assoc-Thai 1994; 77(8): 445-8.
3. Berek JS, Hecker NF. Practical Gynecologic Oncology. Sec Ed. Williams and Wilkins, Maryland, 1994.