



Giant Serous Cyst adenoma of Ovary in an Adolescent Girl: Case Report

Authors

Dr Renu Prabha¹, Dr Santosh Kumar²

¹MBBS MS, Senior Resident, Dept of Obstetrics and Gynecology, MGM Medical College & LSK Hospital, Kishanganj, Bihar

Email: drrenuprabha@gmail.com

²MBBS MD, Senior Resident (Dept of Pediatrics), MGM Medical College & LSK Hospital, Kishanganj, Bihar

Corresponding Author

Dr Santosh Kumar

F-110, New Doctors Hostel, MGM Campus, Kishanganj, Bihar

Email: santoshaiims08@gmail.com

ABSTRACT

Ovarian neoplasia in pediatric population is rare. Serous cystadenoma is an uncommon ovarian tumor in the adolescent age group, arises from surface epithelium of ovary. We report a case of serous cystadenoma of ovary in a 16 -year-old presented with abdominal pain and severe abdominal distention. She underwent laparotomy and after surgical removal, the mass was found to be ovarian serous cystadenoma. The purpose of this case report is to include epithelial tumors of ovary in differential diagnosis of large ovarian masses despite being uncommon in occurrence.

Keyword: Serous Cystadenoma; Ovarian Neoplasms; Ovarian cystadenoma; Adolescent.

INTRODUCTION

Ovarian cystic lesions are most common during adolescence period which is hormonally active period of development^[1]. Cysts are mostly non neoplastic cysts and rarely grow immense. Ovarian tumors are classified into epithelial, sex cord, and germ cell tumors. Serous cystadenoma is an uncommon ovarian tumor in the adolescent age group, arises from surface epithelium of ovary^[2]. Ultrasonography scanning permits early detection and appropriate treatment. Some cases of giant ovarian cysts have been reported in the literature^[1] we presented a case of a giant ovarian cyst in a 16-yearold girl, with characteristics of ovarian serous cystadenoma.

CASE

A 16-year-old female presented at our gynecology outpatient department with a gradually increasing abdominal swelling for the last 6 months. The swelling was accompanied by vague abdominal pain and constipation. There was no history of jaundice, colicky pain, hematemesis, melena, vomiting or other gastrointestinal symptoms. She had no previous history of any chronic illnesses or surgeries. She had normal menstrual cycle. On general examination she weighed 58 kg and vital signs were normal. There was mild pallor .She had no icterus, edema, or lymphadenopathy. Abdominal examination showed general distension. Bowel sounds were normal. External

genital examination was normal. Ultrasonography of abdomen showed a giant abdominal cystic mass that occupied all of the abdomen with normal uterus. The patient underwent laparotomy with a midline incision, under and up to the umbilicus. After opening the layers, a large tense, smooth-surfaced cystic mass was noted (figure 1).



Figure 1 Serous Cystadenoma of the ovary

The cyst had dimensions of 38 × 30 × 27 cm and totally weighed 7.5 kg. The mass originated from the right ovarian region. The cyst was excised with the ipsilateral fallopian tube and ovary. On histopathological examination: Cyst was lined by a single layer of epithelium overlying a fibrotic wall and confirmed serous cystademoma of the ovary. The postoperative period was uneventful and the patient was discharged on the fifth day after the surgery.

DISCUSSION

Ovarian tumors are classified into epithelial, sex cord, and germ cell tumors. Ovarian neoplasia in pediatric population is rare. Mean age at presentation was 13 years for all neoplasms. Benign tumors are more common than malignant, 73% and 27%, respectively [3]. 7 In a study of pediatric ovarian masses, 73% of patients presented with abdominal pain and 29% had a palpable mass [4].

In adolescent girls, the differential diagnosis of ovarian cysts include omental cysts, mesenteric cysts, cysts arising from retroperitoneal structures

like pancreatic pseudocysts, urinary retention, bladder diverticulum, hydronephrosis, cystic lymphangiomas, choledochal cysts, splenic cysts, multicystic dysplastic kidney, gastrointestinal duplication cysts and large uterine tumors [5].

Management of ovarian cysts depends on the patient's age, the size and structure of the cyst. Surgical management of cysts is by laparotomic or laparoscopic cyst excision or cystectomy with oophorectomy. The contralateral ovary should be examined for any suspicious change in every case. The patient should be followed up for recurrence or malignant changes till adulthood despite having low potential. The purpose of this case report is to include epithelial tumors of ovary in differential diagnosis of large ovarian masses despite being uncommon in occurrence.

REFERENCES

1. Brandt ML, Helmrath MA. Ovarian cysts in infants and children. *Semin Pediatr Surg* 2005; 14(2): 78–85.
2. Sri Paran T, Mortell A, Devaney D: Mucinous cystadenoma of the ovary in perimenarchal girls. *Pediatr Surg Int* 2006;22:224.
3. Taskinen S, Fagerholm R, Lohi J, et al. Pediatric ovarian neoplastic tumors: incidence, age at presentation, tumor markers and outcome. *Acta Obstet Gyn Scan* 2015; 94(4): 425–429.
4. Pomeranz AJ and Sabnis S. Misdiagnoses of ovarian masses in children and adolescents. *Pediatr Emerg Care* 2004; 20(3): 172–174.
5. Wootton-Gorges SL, Thomas KB, Harned RK, Wu SR, SteinWexler R, Strain JD. Giant cystic abdominal masses in children. *Pediatr Radiol*. 2005 Dec;35(12):1277-88.