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CASE REPORT

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Giant paraovarian cyst

Sima **Mukhopadhyay**

R. G. Kar Medical College and Hospital, Kolkata.

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Introduction

Paraovarian cysts are mostly diagnosed incidentally on laparotomy for a different condition or are misdiagnosed as ovarian cyst. However, some of them may attain large size and lead to pain, torsion, and rupture [1]. We present a rare case of paraovarian cyst of gigantic dimensions.

Case report

A 18 year old unmarried girl presented at the outpatient department on 12th June, 2003 with gradually increasing abdominal swelling first noticed 2 years back. Swelling was accompanied by vague pain all over the abdomen for 6 months and localized pain in the right hypochondrium for last 1 month. There was no history of colicky pain, fainting attacks, vomiting or other gastrointestinal disturbances. Her bowel and bladder habits were normal. There was no history of anorexia, weight loss or weakness. She had irregular cycles at intervals of 15-25 days, which lasted for 8-9 days and were associated with mild dysmenorrhea. On general examination, her vitals were stable. On abdominal examination, a smooth tense cystic mass arising from the pelvis and extending up to the epigastrium was palpated.

Abdominal girth at the level of the umbilicus was 42 inches. The mass was not mobile and not tender. Bowel sounds were heard over the flanks. There was no fluid thrill and hernial sites were normal. Vaginal examination was not done. Rectal examination was nonsignificant.

On ultrasound examination, uterus was normal in size and echotexture. Right ovary was normal in size and position. Left ovary could not be visualized. There was a huge cystic swelling, possibly of ovarian origin arising from the pelvis and extending up to the epigastrium. Both the kidneys were hydronephrotic, the left one more so . A provisional diagnosis of benign huge left ovarian cyst was made. Preoperative investigations including the renal function tests were normal.

Abdomen was opened by a right paramedian incision extending above the level of the umbilicus. A tense smooth surfaced cystic mass measuring 40x30x25 cm extending up to the undersurface of the diaphragm was delivered out (Figure 1). The mass originated from the left paraovarian region. The left ovary was identified separate from the mass. The left fallopian tube was thinned out, adherent, and stretched over the surface of the cyst. There was no free fluid in the abdomen. The cyst was excised intact. The left ovary was found hanging from a very long pedicle consisting of thinned out ovarian ligament. The thinned out false capsule of the cyst looked devascularised. Hence, left sided salpingo-oophorectomy was done. Right

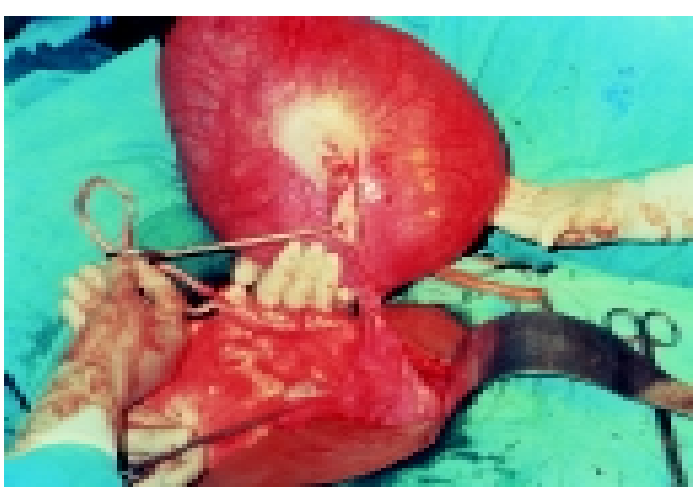

Figure 1. Paraovrian cyst measuring 40 x 30 x 25 cm has been delivered out. The left tube is seen stretched over the cyst. The left ovary is seen separately.

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Correspondence :
Dr. Sima Mukhopadhyay
D-3/104, Peerless Nagar, P. O. Panihati,
Kolkata - 700 114.

sided tube and ovary, and the uterus were healthy. On histopathology, the section of the cyst was thin walled and lined by low columnar epithelium suggestive of simple serous cyst. The sections from the tube and the ovary were normal. Postoperative period was uneventful. Patient did not have any urinary problem and the hydronephrotic changes in the kidneys gradually resolved after 3 months.

Discussion

Paraovarian cyst of such a huge size is a rare finding. The only other case report of a huge paraovarian cyst in a 18 years old girl is by Lazarov et al [2]. Preoperative diagnosis by ultrasound has been described, though in most of the cases the diagnosis is obtained only after opening the abdomen [3]. Laparoscopic removal of smaller cysts has been reported, but this was not feasible in the present case due to its size [4]. Recently, preservation of devascularised ovaries by resorting to ovariopexy with successful outcome has been recorded [5]. The option could not have been considered in the present case.

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