

# Benign Ovarian Cyst Mimicking Massive Ascites

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## Introduction

Enormous ovarian cysts mimic ascites clinically and ultrasonographically'. We report a case in which laparoscopy helped in this differentiation.

## Case Report

A 32 year-old woman presented with massive and progressively increasing abdominal distention since the past 5 years. She had been unsuccessfully investigated outside inclusive of multiple abdominal paracenteses. On examination she had no significant findings other than an enormously gross ascites because of which pelvic organs could not be visualized. Her chest x-ray was unremarkable. Biochemical, cytological and microbiological tests were unremarkable. She was taken up for a diagnostic laparoscopy. Examination under anesthesia resulting in laxity of the anterior abdominal wall kindled the suspicion of a large ovarian cyst. Hassan cannulation was used for insufflation and the cyst was directly visualized. There were no peritoneal signs of malignancy or metastasis. There were some signs of hemorrhage into the cyst. Laparotomy was performed which demonstrated a left torced ovarian cyst weighing 9 kg (Photograph 1). A left ovarian cystectomy was done. Histopathology study showed it to be benign ovarian cystadenoma.



Photograph 1 : Ovarian cyst filling abdominal cavity as seen at laparotomy.

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## Discussion

Massive ovarian cysts fill the entire abdomen and can be easily mistaken for ascites'. The massive distension inhibits ultrasonic appreciation of pelvic anatomy. Abdominal paracentesis or unwitting ovarian cyst paracentesis yields non-specific information on biochemical, microbiological and cytological examinations". Examination under anesthesia with relaxed anterior abdominal wall as a prelude to diagnostic laparoscopy, can suggest a distinction between ascites and a large cyst. Diagnostic laparoscopy is a useful modality in the investigation of intractable ascites of unknown origin". The blunt Hassan technique of insufflation is preferred over the Veress needle. Laparoscopic cystectomy, even for large cysts is a viable option in a non-malignant ovarian cyst<sup>6,8</sup>.

## References

1. Menahem S, Shvartzman P. Giant ovarian cyst mimicking ascites. *J Fam Pract* 1994; 39:479-81.
2. Bernal Martinez S, Luna Benitez I, Olivares Valencia CV et al. Giant cyst of the ovary: Report of a case. *Ginecol Obstet Mex* 2001;69:259-61.
3. Grobe IL, Kozarek RA, Sanowski RA et al. "Pseudo-ascites" associated with giant ovarian cysts and elevated cystic fluid amylase. *Am J Gastroenterol* 1983; 78:421-4.
4. Inadomi JM, Kapur S, Kinkhabwala M et al. The laparoscopic evaluation of ascites. *Gastrointest Endosc Clin N Am* 2001; 11: 79-91.
5. Malik E, Bohm W, Stoz F et al. Laparoscopic management of ovarian tumors. *Surg Endosc* 1998;12:1326-33.
6. Jeong EH, Kim HS, Ahn CS et al. Successful laparoscopic removal of huge ovarian cysts. *J Am ASSDC Gynecol Laparosc* 1997;4:609-4.
7. Audebert AJ. Laparoscopic surgery for ovarian cysts. *Curr Opin Obstet Gynecol* 1996;8:261-5.
8. Yuen PM, Yu KM, Yip SK et al. A randomized prospective study of laparoscopy and laparotomy in the management of benign ovarian masses. *Am J Obstet Gynecol* 1997;177:109-14.