

INTRODUCTION:

An auto amputation of ovarian cyst is a rare entity which developed due to infarction or necrosis of adnexal cyst, of which majority were identified incidentally during surgery. Auto-amputated ovarian cysts are defined as cystic masses that are free from tubo-ovarian pedicle and freely mobile within the peritoneal cavity .

OBJECTIVES:

- 1.To describe the case of an ovarian cyst that underwent auto-amputation
- 2.To know the importance of laparoscopic approach in the diagnostic dilemmas caused by USG and MRI

CASE REPORT

A 28 year Para 1 living 1 presented with pain abdomen since one month and regular menstrual cycles. Per abdomen examination was normal and bimanual vaginal examination- uterus normal size, anteverted, Fornices free, non tender.

Ca 125-18.9IU/ml.

Pelvic ultrasound –right adnexal simple cyst measuring 5.6x5.3x5.3cm, of volume 82cc with peripheral intact vascularity

MRI pelvis -well-defined thick walled unilocular cyst in right adnexa likely complex haemorrhagic Para ovarian cyst or endometriotic cyst-5.4x4.9x5.3cm.

Performed laparoscopic surgery- intra operative findings – uterus, bilateral tubes and ovaries were normal.

A mass of size 4.0x4.0 cm was found attached to peritoneum at the right superio- lateral wall of the urinary bladder and covered by omental adhesions. Adhesions released and mass was separated from surrounding tissues by gentle dissection. Mass removed through endo bag and histopathology examination showed ovarian tissue with areas of coagulative necrosis- thrombosed blood vessels suggestive of ovarian torsion.

DISCUSSION:

On laparoscopic surgery surprisingly a mass was ectopically found attached to the peritoneum. After dissection mass was found to be a detached ovarian cyst. **Saxena et al**, reported laparoscopic management of one month neonate with ovarian cyst, found a large chocolate brown colored cyst adherent to pelvic peritoneum, right fallopian tube was atretic suggestive of ectopic displacement of right ovary. **Gorginzadeh et al**, reported case of auto amputation of left adnexa due to chronic torsion of dermoid cyst in an adolescent girl. Chronic torsion results in ectopic displacement of affected ovary.

It presents with episodes of acute or chronic abdomino-pelvic pain. Surgical intervention is appropriate only when patient is symptomatic.

Conclusion:The possibility of chronic ovarian torsion resulting in autoamputation , keep this as differential diagnosis ,as ultrasound and MRI are inconclusive ,if symptoms persist early diagnostic laparoscopy for exact diagnosis and therapy is recommended.



Laparoscopic view a,b: autoamputation of ovarian cyst adherent to bladder peritoneum c : bilateral tubes and ovaries normal



d:Gross morphology of ovarian cyst MRI T2 WI Axial Sagittal view

Conflict of interests:

The author declares that they have no conflict interests.

References

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