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SCARLESS EXCISION OF LARGE OVARIAN TUMORS.

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Introduction

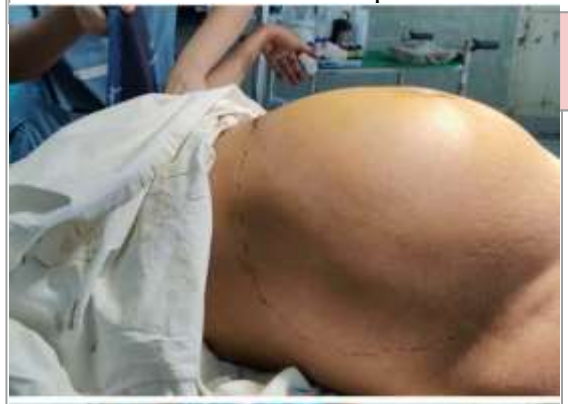
Most ovarian masses are benign & include functional cysts (MC) & benign tumors. They include cystic teratomas, fibromas & cystadenomas (Serous/mucinous). Cystadenomas can become enormous and cause pain & pressure symptoms & could require surgery. Here, we discuss a case of removal of a large ovarian tumor of 36 weeks size vaginally.

Case Summary

49 years old, Mrs. RNP, P4L4 post-menopausal, with left ovarian benign cystadenoma with c/o abdominal distension, intermittent pain abdomen and vomiting since 1 month.
Past history : k/c/o HTN, IHD followed by angioplasty; Right hemiparesis followed by Left Craniotomy
Clinical examination:
Per Abdomen: Grossly distended.
Size ~ 36 wks.
Fluid thrill +, ? Ascites.
Per Speculum: Minimal white discharge +
cervix taken up, vagina healthy
Per vaginal: Cervix taken up, flushed to the vagina
Bilateral fornices free, shallow
Radiological investigations:
USG (A+P) on 30/12/2020:
Peritoneal cavity shows presence of large loculated multi-septate fluid collection extending from epigastric to suprapubic region likely suggestive of **cystic ovarian neoplasm**. Right ovary: 2x1.6 cm; Left ovary: Not identified. ET: 3.2 mm. No flow on colour doppler.
CECT Scan (A+P) 0n 20/09/2021:
Large well defined multiloculated mass in pelvis seen extending up to epigastric and right hypochondriac region with fluid content. Left ovary is not seen separately. Mass lesion is measured **as 272 x 169 x 300mm**. Lesion is superior to bladder, abutting the dome, and compressing the sigmoid colon. Small sliding hiatus hernia is seen.
Lab investigations:
Tumor Markers (4/10/2021):
CA125: 34.3 CA19.9: 109.3
β-HCG: 2.3 CEA: 1.68

Management

After ruling out possibility of malignancy, the patient was optimized for surgery. Cystic fluid was aspirated abdominally to allow easy removal vaginally following which non-descent vaginal hysterectomy was performed. Then remainder of the cystic fluid was aspirated vaginally following which right side salpingo-oophorectomy was done. The specimen was then sent for frozen section along with aspirated fluid (approx 10 litres) to confirm its benign nature.
All specimens were sent for HPR, and the report showed as follows:
Left ovarian cyst → Serous cystadenoma
Uterus with cervix → Atrophic endometrium with chronic endocervicitis



Discussion

Removing a large ovarian mass vaginally has many advantages such as minimal intra-operative blood loss, less operative time, minimal intra-peritoneal spillage of cystic contents, minimal intra-operative complications, cosmetically better , quicker recovery, minimal hospital stay and higher patient satisfaction. It is a safe and feasible procedure in appropriately selected cases done by experienced surgeons.