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Title: A Mammoth Mucinous Ovarian Cystadenoma in a 19-Year-old Adolescent Girl: A Case Report

INTRODUCTION: Incidence: 2.6 cases per 100,000
90% of these ovarian masses are benign.

The large ovarian cyst defined as measuring 10 cm in diameter or if it reaches above the umbilicus.

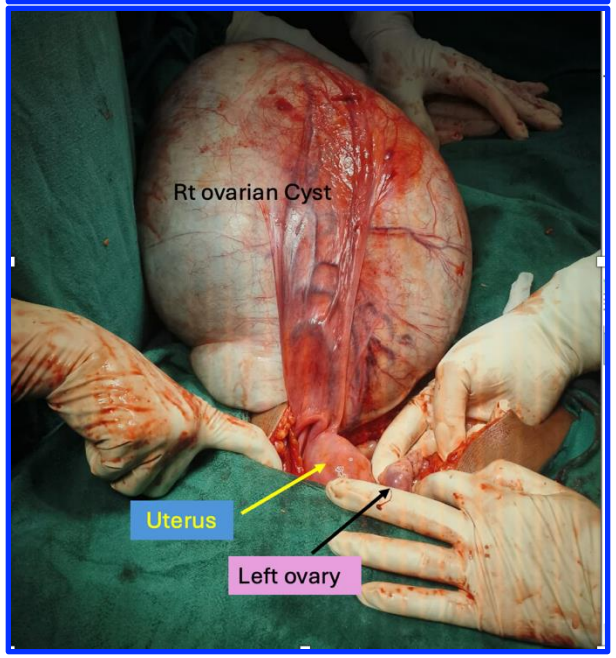
Large ovarian masses present significant surgical challenges, making the need for effective surgical management crucial.

CASE SUMMARY: A 19-year-old adolescent female presented with a 6-month history of progressive abdominal distension accompanied by breathlessness on mild exertion. There were no other associated gastrointestinal or urological symptoms. Her menstrual cycles were regular, general examination was fair, abdominal examination revealed a cystic mass of size of 36-week gravid uterus (50 X 36 cm) occupying all the quadrants of the abdomen. BMI: 22 kg/m^2

Investigations:

- Hb -11.9 g/dl; Beta HCG: < 1.20 mIU/ml; AFP: 0.80 ng/ml; LDH: 208 U/L
- CA-125: 44.7 U/ml , HE4: 21.5, ROMA Value - 1.14%
- **USG:** large well defined anechoic lesion with internal echoes measuring 21X 13 X 27 cm from right adnexa
- **CT scan:** nonenhancing hypodense cystic lesion (32 X 21 X 13 cm) in right adnexa.

Surgery: Right salpingoopherectomy with cyst (5.5 kg) was removed with preservation of left adnexa. Histopathological examination revealed giant mucinous cystadenoma.



DISCUSSION: Giant ovarian cysts, although rare, may develop during adolescence and are predominantly benign. Imaging studies and tumor markers are essential tools for determining the optimal surgical approach.

For malignancy risk assessment, ultrasound features alone, even without CA-125 levels, have shown high sensitivity, specificity, and reliability. In cases of giant ovarian cysts, laparoscopic surgery carries a risk of cyst perforation during trocar insertion, making open surgery the preferred method.

Patients with large ovarian cysts may present with exertional dyspnea, even in the absence of cardiovascular or pulmonary diseases. Therefore, preoperative cardiovascular evaluation is unnecessary unless the patient exhibits other signs of cardiovascular or respiratory compromise.

CONCLUSION: Meticulous perioperative management is vital in achieving successful outcomes and minimizing potential complications.

Conflict of interest: none

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