

INTRODUCTION

The epithelial ovarian tumors may be Benign, Borderline, Malignant. LMP tumors- low malignant potential tumors. Features – between benign & malignant tumors. Diagnosis –
HISTOPATHOLOGICAL
NO STROMAL INVOLVEMENT
 Mitotic figures should be less than 4 per 10 high power fields.

AIMS/OBJECTIVES

AIM: To describe a case of huge ovarian tumor with prolapse
OBJECTIVES:
 -Outline the typical presentation of a patient with ovarian tumour which caused prolapse.

MATERIALS/METHODS

A 58 yr old postmenopausal women P3L3 with 3 prev NVD, tubectomised c/o Mass per abdomen – 8 months, Mass per vaginum – 4 months Increased frequency in micturition-3 months.
INSPECTION:- P/A: A midline mass uniformly enlarged. Regular Borders with smooth surface.
PALPATION: Midline mass ~28wks felt -Firm to hard in consistency with Regular borders, smooth surface, Non tender, side to side mobility + -All 3 borders felt, lower border not felt.
PERCUSSION: Dull note felt over the mass
IOV: Grade 3 cystocele, Grade 1 Rectocele, No enterocele
P/V: After reducing the mass,
 -Uterus- RV, mobile, normal size, No FT
 -Abdominal mass felt through Rt fornix,
 -mobility of cervix not transmitted to mass.
 -Grove sign + on Rt side.
INVESTIGATIONS: CA-125: 120m IU/ml
 RMI Score = $3 \times 3 \times 120 = 1080$; RISK >75%
 USG: Large loculated cystic lesion 20 x 14.2 cm noted in lower abdomen extending into Rt iliac fossa superiorly up to umbilicus, there are internal echoes, multiple septations with small solid mural nodules – large ovarian cyst-? Malignant.

RESULTS

STAGING LAPARATOMY+TAH+BSO+PFR. Large multi-loculated cystic mass of size 19 x 16 x 10 cm identified arising from right ovary, with bosselated appearance with no papillary excrescences, with intact capsule with no evidence of torsion

- Cyst filled with sticky gelatinous substance
- Weight of cyst-1000gms
- Left ovary-normal

DISCUSSION

Ovarian Mucinous Borderline Tumours (MBT) are characterized by an epithelial proliferation like those of well differentiated adenocarcinomas but are distinguished by the absence of stromal invasion.



CONCLUSION

This is a rare case of huge ovarian tumour with 3rd degree UV Prolapse with grade 3 cystocele & grade 1 Rectocele. Staging laparotomy +TAH+BSO+PFR done.
HPE Report- Borderline mucinous tumour of Rt ovary. Endometrial hyperplasia without atypia.

REFERENCES

1. Mucinous borderline ovarian tumors: pathological and prognostic study at Salah Azaiez Institute.
2. Current Update on Borderline Ovarian Neoplasms : [Neeraj Lalwani](#),

ACKNOWLEDGMENT

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