Very Rare Case Report Of Massive Ovarian Cystadenoma In A Girl In Adolescence

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Abstract- Ovarian tumours are more frequently seen in adults, although they are quite uncommon in youngsters. The majority of ovarian masses seen during the premenstrual or infancy phases are benign functioning cysts, which are non- cancerous tumours. Ovarian mass symptoms and clinical indications are typically non-specific. Thus, it might be challenging to get the right diagnosis before surgery, and early care may be required to preserve the patient's life and fertility. 8–10% of all ovarian cancers are epithelial tumours, which are histologically categorised as mucinous or serous. Cystadenoma, of which 75% are serous and 25% are mucinous, is the most frequent benign ovarian tumour. On the surface, mucin-filled tumours are distinguished by cysts of various sizes that have not invaded the surrounding tissue. Before being found, they might grow to a large size, although this does not always mean they are cancerous.

There are three classifications for these tumours: benign, borderline, and malignant. The three most common adverse effects of benign ovarian cysts are torsion, bleeding, and rupture. If the cyst ruptures and spills its mucinous deposits onto the peritoneum, pseudomyxoma peritonei may develop.

I. CASE SUMMARY

A 18-year-old girl complained of weight gain, bloating, and heaviness in her abdomen when she went to the emergency room. Her parents were unaware of the tumour in her abdomen, despite the fact that she had palpated it a month before to presentation. Upon inspection, a sizable lump that reached the xiphisternum was felt in the abdomen. An ultrasound revealed a huge cystic tumour in the left adnexa that measured 24 cm by 22 cm by 13 cm. A roughly 3.5-liter amount was visible up to the epigastric area. Noticable ascites. Tumor markers were used to further study the patient. All tumour markers, including CEA, AFP, and HCG, were within normal limits. CA125 was 12.2 U. Renal function and regular blood tests on the patient were both normal. TLC count: 9400 mm3, HB: 12.9 mg/dl, hematocrit: 39%, SGOT: 17 L, SGPT: 18 L, urea: 18 L, and creatine: 0.61 L. A massive, well-defined, septated, multiloculated cystic mass measuring 16.7 cm by 9 cm by 24 cm was discovered in the pelvis after an MRI. No discernible mass enhancement was visible after the contrast. No mural thickening or improved solid component is anticipated. Little follicular cyst might be noticed in the right ovary. The left ovary is not seen separately. With preserved intervening cleavage planes, the anterior mass touches the anterior abdominal wall and extends posteriorly into the prevertebral area. The uterine fundus is bordered by a posterior bulk, followed by the psoas muscles and preserved fat plains. The patient was scheduled for exploratory laparotomy with left ovarian cystectomy through laproscopy. The abdominal cavity was replaced by a cyst through laparoscopy. Laparotomy was therefore chosen as the surgery. The left ovary was discovered to be the tumor's primary location during surgical examination. The right ovary was sized and shaped normally.

Implants or metastases were not seen upon examination of the pelvis, abdominal walls, diaphragmatic surface, or peritoneum. A large multicystic mass [24 cm x 22 cm x 13 cm] cyst ruptured and detached from the ovarian capsule was removed. The initial amount of mucin discharged was about 1 litre. The recovery time went without incident. A benign ovarian mucinous cystadenoma was discovered during histopatholgical analysis. Several cystic tissues measuring 10 cm x 8 cm x 4 cm were visible on physical examination.

Several cysts measuring 2 cm by 7 cm and filled with mucoid cyst wall material that is 0.1 cm by 0.2 cm were found on the cut portion. The recovery time went without incident.

II. DISCUSSION

Primary ovarian cysts and malignancies are rare in children. These masses contain one-third non-neoplastic material. Just 14% of neoplastic tumours are epithelial tumours. Typically, the tumours are mucinous and serous. Benign cystadenoma, of which 75% are serous cystadenomas and 25% are mucinous cystadenomas, are the most prevalent forms of epithelial neoplasms seen.

Ovarian mucinous tumours are extremely infrequent before menarche and mostly affect middle-aged adults. Alberto reported a massive mucinous cystadenoma weighing 27 kg in a 63-year-old woman in 2014. Senol et al. reported a second case of ovarian mucinous cystadenoma weighing 9 kg in a 14- year-old girl in 2014.In 2008, Karaman et al. described a 14-year-old with a massive ovarian mucinous cystadenoma.A benign ovarian tumour is called a mucin cystadenoma. In general, stomach distension is a common symptom of ovarian mucinous cyst adenomas.When

there is a palpable mass, an ultrasound scan is the initial line of examination. When there is a doubt about the diagnosis, a CT or MRI scan is done.

Despite the benign nature of the tumour, ovary-sparing surgery is typically not viable due to the tumor's size. Salpingo-oophrectomy has therefore become the standard therapy for benign mucinous cystadenoma, and no additional treatment is necessary.The typical treatment of apparently benign ovarian tumours usually consists of cystectomy or ipsilateral oophrectomy or salpingo- oophrectomy.It was advised that the therapeutic approach take into account both fertility preservation and treatment.The identical method was used in this instance.Abdominal compartment syndrome can be brought on by massive ovarian tumours.Patients with ovarian mucinous cystadenoma complicated by abdominal compartment syndrome require quick and aggressive resuscitation, prompt surgical decompression, and rigorous perioperative hemodynamic care.
Recurrence of mucinous cystadenoma is common.Cystectomy and intraoperative cyst rupture have been identified as recurrence risk factors.

Thus, the tumour should be totally and properly removed.

III. CONCLUSIONS

Ovarian neoplasms in children constitute a diagnostic challenge, and the diagnosis is frequently missed or made too late.In order to prevent recurrence, early and fertility-preserving surgery must be done after diagnosis.As there are currently extremely few instances of very big mucinous cystadenoma in young girls.These cases are considerably more uncommon when they are caught early, even with unclear symptoms.

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