

INTRODUCTION

Giant ovarian tumors have become rare because of the early detection of adnexal pathology with the advent of routine imaging modalities in the recent era of medical practice. Serous cystadenoma is a cystic ovarian tumor containing a serous fluid and a solid-tissue component. Serous cystadenoma is the most common ovarian tumour accounting for 16 % of all ovarian tumours and 30% of benign ovarian tumours. They can be bilateral in 10% of cases.

CASE REPORT

A case of 52years old postmenopausal women presented with pain abdomen, distension and bloating sensation for 3 months. On general examination, vitals were stable. A detailed per abdomen examination revealed a well defined abdomino-pelvic mass of approximately 12 to 15 cms occupying right iliac fossa, lumbar and umbilical regions, cystic in consistency. The mass is mobile longitudinally and transversely.

USG abdomen and pelvis scan showed a well defined, smooth margined, thin walled, cystic lesion noted in the midline of pelvis extending upto the level of umbilicus approximately measuring **16x8x17cm** and approximate volume of **1240cc** with free floating thin echogenic internal debris and thin internal septations.No evidence of internal vascularity.

CECT confirmed the USG findings and likely to be right ovarian origin.CA-125 value 17.8. RMI – 53.4 . Provisional diagnosis of benign ovarian mass was made.

She underwent **staging laparotomy ,TAH and BSO**. Intra-op findings were **right ovarian mass of 15x18cm–clear, weighing of 2kgs , Cystic lesion in left ovary both were sent for frozen section.** Uterus and cervix sent for HPE.

Frozen section report confirmed features suggestive of bilateral benign serous cystadenoma of ovaries.

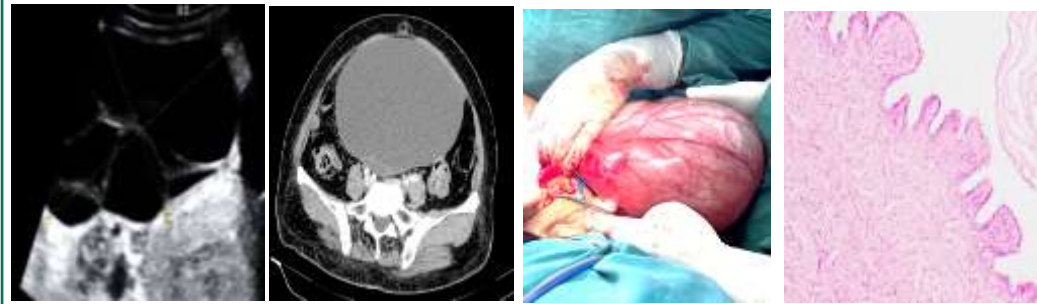
HPE of uterus and cervix is normal. Post operative recovery is good and discharged on 7th day

DISCUSSION

Ovarian serous cyst adenomas are benign epithelial neoplasms that vary in size and reach massive measurement , affecting with mean age between 40 and 60 years and average size of tumour typically 10cms.Generally larger ovarian lesion requiring surgical intervention as it under goes neoplastic process.

CONCLUSION

Giant ovarian tumors though very rare in current scenario due to early detection through advanced imaging diagnostics still need high index of suspicion due to vague and non- specific symptomatology. If detected early can be dealt with minimal invasive methods like laparoscopy and reduced mobility



USG CECT Gross Specimen HPE

REFERENCES

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