AICOG 2025
Mumbai
67th All India Congress of Obstetrics & Gynaecology
FOGSI celebrates 75 years - Diamond Jubliee
8-12 January, 2025 | JIO World Convention Centre

Poster Number: EP 250 Name: Dr Pooja P

Title: OVARIAN CYSTADENOMA WITH TORSION IN ADOLESCENT GIRL

INTRODUCTION

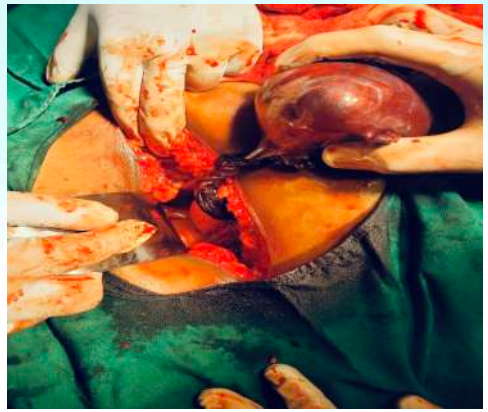
Ovarian cysts are common in infants and adolescents ,both hormonally active periods of development. Most ovarian cysts in children's are non-neoplastic and include **follicular, simple** and **corpus lute cysts**. The annual incidence of ovarian tumours in adolescents is about 2.6 cases per 100,000 with 90% of these tumours being benign .Though serous cystadenoma (a type of benign tumour) are rare in children, they can vary in size from 5 to 50 cm, typically having thin walls, an ovoid shape, and being unilocular. These benign neoplasm do not regress on their own and are not capable of metastasising.However ,there is some controversy regarding whether some benign cyst adenomas could be premalignant, as **intraepithelial neoplasia** has been reported in some cases, potentially indicating early-stage cancer.
Acute complications of ovarian cysts include **torsion, hemorrhage** and **rupture**, which can lead to significant symptoms and may require surgical intervention. Despite the potential for these complications, the majority of ovarian cysts in adolescents are benign and other resolve without treatment.

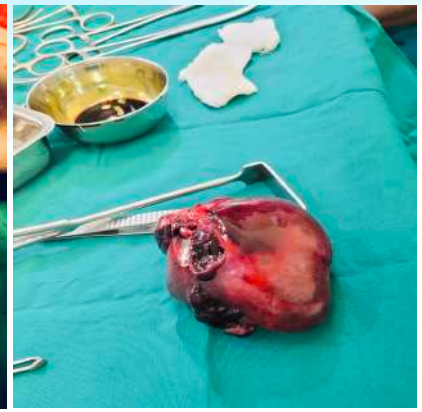
CASE REPORT

A 13-year-old adolescent girl presented to our gynecological emergency department, weighing 90 kg, with a regular menstrual history. She complained of constipation for the past 15 days and experienced acute colicky abdominal pain associated with two episodes of vomiting with no other significant past history .
On general examination, Patient is obese, vital signs were normal, Systemic examination unremarkable, Abdominal examination revealed general distension with a tender, cystic mass approximately the size of 20 weeks gestation and the external genital examination was unremarkable.Patient had got admitted and the following investigations were sent.

USG

Large 10 x 15 cm cyst in the left adnexa extending into abdominopelvic region likely ovarian cyst .
Absent vascularity on colour Doppler





BMI	42.8 kg/m2
HBA1C	6gm/dl
TSH,T3,T4	Normal limits
CA125,AFP, Inhibin	Normal limits
LDH	500 U/L
Beta HCG	<5

MANAGEMENT-

Exploratory laparotomy was performed, followed by left-sided salpingo oophorectomy, specimen sent for HPR. Post operative period was uneventful .

Conclusion - We had known that germ cell tumors are the most important causes for giant ovarian masses in children. But epithelial tumors should not be forgotten in the differential diagnosis.

Histopathological report (HPR)

suggestive of a serous cyst adenoma ovary .

REFERENCE

1.Khade SA, Shirodkar S. Ovarian huge serous cystadenoma with torsion in adolescent girl: a case report. Int J Reprod Contracept Obstetric Gynecol 2017;6:1151-3
2.Di saia clinical gynecologic oncology 9th edition,PHILIP J. DISAIA, MD;ROBERT S. MANNEL, MD ;WILLIAM T. CREASMAN, MD