

INTRODUCTION:

Mucinous tumors of ovary are benign in about 80% cases.

Mostly unilateral.

Belong to epithelial group of neoplasms of ovary.

During 3rd to 5th decades.

KRAS mutations in 40-50% cases.

CASE REPORT:

A 37 yr old, married, P3L3 woman presented to the OPD with complaint of heaviness over lower abdomen and gradual increase in abdominal size since 8-9 months. No complaint of pain or difficulty in urination or bowel movements or weight loss or loss of appetite. No history of any significant medical or surgical illness.

Per abdomen - A lump in lower abdomen was palpated which was about 34 weeks pregnant uterus size and occupying umbilical, hypogastric, and right and left inguinal regions.

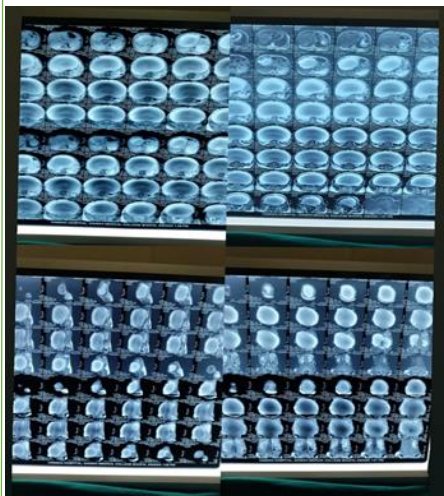
INVESTIGATIONS:

CA-125= 84 U/mL.

CEA= 1.2 ng/mL.

USG= 25x22x19 cm unilocular cystic lesion arising from left ovary.

MRI PELVIS WITH CONTRAST= A large well defined 16x26x30 cm mass seen in abdominopelvic cavity.



INTRA-OP:

Patient underwent Total Abdominal Hysterectomy + Bilateral salpingo-oophorectomy.



HISTOPATH:

Mucinous cystadenoma of left ovary

POST-OP:

Postop period was uneventful.

CONCLUSIONS:

Management of ovarian cysts depends on the patient's age, the size of the cyst and its histopathological nature. Although benign, this disease has a significant physiological and psychological impact and can lead to torsion or rupture, hence require prompt surgical intervention.

REFERENCES:

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