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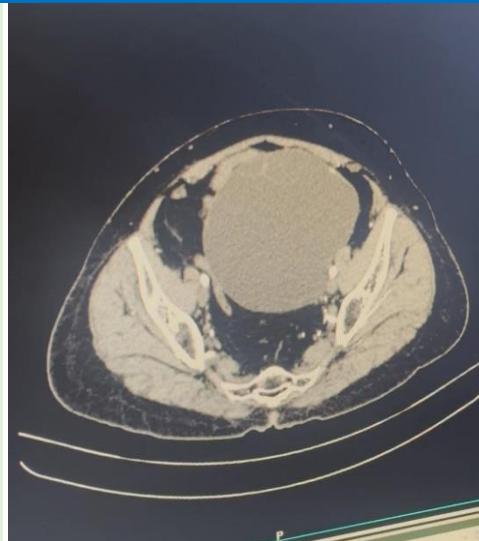
INTRODUCTION: Patient: 57-year-old woman, post-hysterectomy (15 years ago), with hypertension.

Symptoms: 6-month history of abdominal bloating, constipation, and gradual abdominal distension.

Imaging: Ultrasound & CT scan showed a large, multiloculated left ovarian mass (12.8 x 11.7 cm), likely benign

CASE OPERATIVE PROCEDURE:: Exploratory laparotomy with left ovariectomy, left salpingectomy, and right salpingo-oophorectomy.

Intraoperative Findings: Large cystic mass adherent to bladder and bowel, **torsioned, no ascites.**



Huge Tumor adherent to the adjacent bowel , bladder and peritoneum



Densely adherent Bladder to tumour

KEY POINTS: Rare in Post-Hysterectomy Patients: Ovarian tumors can still occur even after hysterectomy, especially if ovaries remain intact. Surgical Management: Early surgical intervention with intraoperative evaluation is essential. Post-Op Recovery: Uncomplicated, patient discharged

Conclusion:

This case highlights the importance of monitoring ovarian health even in post-hysterectomy women. Early diagnosis and surgical management lead to favorable outcomes