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Title: Alarming Presentation of Residual Ovary Syndrome with Small Bowel Obstruction Following Hysterectomy: A Case Report

1. INTRODUCTION :

Residual ovarian syndrome (ROS) is a recognized complication following hysterectomy with ovarian preservation, manifesting as chronic pelvic pain, asymptomatic pelvic masses, or dyspareunia. The incidence is 2-3% and almost 75% of patients require surgery within 10 years after hysterectomy[1].

2. OBJECTIVE :

To present a unique case of ROS complicated by a rare occurrence of small bowel obstruction.

4. OPERATIVE PROCEDURE :

Laparoscopic cystectomy and oophorectomy (fig 4, 5) was done after reduction of obstruction (fig 3) and extensive adhesiolysis (fig 1, 2).

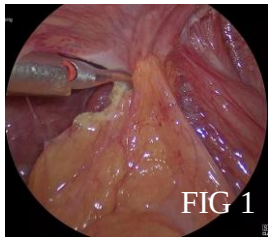
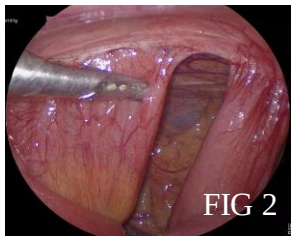


FIG 1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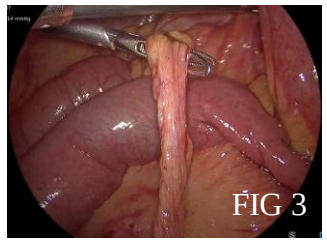
FIG 3

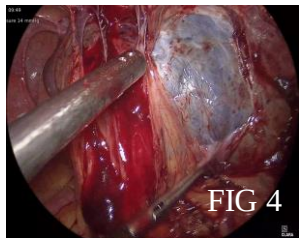
FIG 4

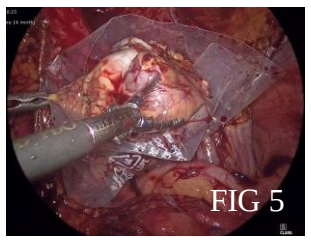
FIG 5

3. CASE :

A 35-year-old woman presented to Shreeji hospital, Gujarat on 5th April 2024 with severe abdominal pain, nausea and vomiting from 1 week and constipation from the past 3 days. She was tachycardic, rest vitals were normal. Her abdomen was distended with hypoactive bowel sounds. She was tender in the upper quadrant and a large pelvic mass was palpated. Contrast-enhanced CT scan of the abdomen demonstrated a 12.3 x 8.3 x 6 cm cystic lesion at right iliac fossa and dilatated jejunum with multiple air-fluid levels consistent with intestinal obstruction. She has had an obstetric hysterectomy due to postpartum hemorrhage in caesarean section in 2016 during her third pregnancy, the ovaries left in situ. A diagnosis of ROS was made with intestinal obstruction. Histology showed benign thick-walled follicular cyst.

4. DISCUSSION :

Dekel et al[2] reported 2561 hysterectomies, incidence of ROS being 2.85%. Rane at al[3] described a case of ROS in a 41-year-old woman who developed an abdominopelvic mass the size of a pregnancy of 24 weeks gestation within 11 weeks of hysterectomy and right salpingo-oophorectomy. At laparotomy, the mass was found to be a huge benign ovarian cyst measuring 11.5 x 11 .O x 14.1cm.Shao-Chi Fu[1] reported a 35-year-old woman with diagnosis of ROS, laparoscopy was performed for 4 *4 cm right ovarian cyst.

5. CONCLUSION :

ROS with small bowel obstruction is a rare clinical finding, emphasizing need for vigilance in clinical evaluation and management becomes important. Surgical intervention remains cornerstone for symptomatic relief and prevention of complications.

6. REFERENCES :

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