



Huge but Asymptomatic Mucinous Cyst Adenoma of the Ovary

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ABSTRACT

Huge ovarian mucinous cystadenomas are frequently symptomatic because of the compression effects to the other organs and decreased life quality. Here we report a case of asymptomatic mucinous cyst adenoma of ovary although it is very big. It is a rare condition for a huge cystadenoma like this to be asymptomatic. It is evaluated with MRI and decided to be mucinous cyst contain. Also there is not much study about MRI images of giant ovarian cystadenomas in literature. **Key words:** Normal growth, Sickle cell disease, subnasale to gnathion distance, nasal index.

Key words: Huge, ovarian, mucinous, cystadenomas

Overin Dev fakat Asemptomatik Mucinöz Kist Adenomu

Diğer organlara yaptıkları bası etkisi ve düşük yaşam kalitesinden dolayı dev boyutlu overyan mucinöz kistadenomlar sıklıkla semptomatiktir. Bu yazıda çok büyük olmasına rağmen asemptomatik mucinöz kist adenomu olan bir olgu sunulmuştur. Asemptomatik olması dev boyutlu kistadenom için nadir görülen bir durumdur. MRI incelemesi ile değerlendirilmiş ve mucinöz kist içeriğine sahip olduğuna karar verilmiştir. Dev boyutlu overyan kistadenomların MRI görüntüleri ile ilgili de fazla çalışmalar yazında bulunmamaktadır.

Anahtar kelimeler: Dev, over, mucinöz, kist adenom

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INTRODUCTION

Although benign ovarian mucinous cystadenomas are frequent tumors, lesions with extensive dimensions are quite rare. Besides the fact that these lesions are usually benign, decreased quality of life, symptom of vascular and thoracic compression leading to cardiovascular problems and rarely abdominal compartment syndrome may occur. Definitive diagnosis and appropriate evaluation for treatment can improve patients' health. In untreated conditions, rupture of the cyst, abdominal compartment syndrome and cardiovascular problems may arise (1-3). There is not much study about MRI images of giant ovarian cystadenomas in literature. Here we report a case of asymptomatic mucinous cyst adenoma of ovary although it is very big. It is evaluated with MRI and decided to be mucinous cyst contain.

CASE

51 year old women admitted to our hospital. With a 15 year history of increasing abdominal girth and weight gain. She had no other complaint. In her physical examination, there was extensive abdominal distension from pelvis to xypoid process. Both lower extremities were mildly edematous and total blood count showed borderline anemia. (haemoglobin 12.4 gr/dl, haematocrit % 35.8). In her abdominal US examination, there was a cystic mass lesion occupying most of the abdominal space. The lesion contained extensive internal echoes and septations but no solid component. No further examination with CT was performed because she had had anaphylactic reaction due to iodine contrast material before. To evaluate the cystic lesion, abdominal MRI was performed. The exam was performed with abdominal coil. Axial and coronal T1W, breath hold sagittal T2W, coronal fat suppressed T1W, axial T2W images were obtained before contrast administration. After intravenous contrast enjection, coronal T1W and fat suppressed T1W images were obtained. The dimensions of cystic lesion was measured as 59x32x27cm and approximate content weight was calculated as 26.5 kg. Increased intensity of the lesion were observed in both T1W and T2W images. There was no signal suppression in fat saturated images. Left kidney was pushed to posterior and superior by the cystic lesion with no solid component. There was no hydronephrosis. Liver, pancreas and spleen were displaced but there was no pathologic signal on their paranchymes. Besides these aorta was pushed next to

right psoas muscle and inferior vena cava was collapsed. Uterus was atrophic and ovaries were not visualised. For surgical excision of the lesion, wide vertical incision was made and approximately 11 liters of cystic fluid was drained. After surgical exploration the lesion was found to be originated from the left ovary. It was seen that the cyst did not have an obvious intraabdominal adhesion. Hysterectomy and bilateral oophorectomy was performed afterwards. Pathologic study showed mucinous cystadenoma rising from left ovary and chronic endometritis.

DISCUSSION

Ovarian tumors are classified on the basis of tumor origin as epithelial (serous and mucinous tumors endometrioid and clear cell carcinoma, Brenner tumor), germ cell tumors (mature and immature teratoma, dysgerminoma, endodermal sinus tumor, embryonal carcinoma), sex cord-stromal tumors (fibrothecoma, granulosa cell, sclerosing stromal, and Sertoli-Leyding cell tumor), and metastatic tumors. Epithelial ovarian tumors represent 60% of all ovarian neoplasms. The two most common types of epithelial neoplasms are serous and mucinous tumors.

The first step radiological study for the diagnosis of the giant intraabdominal cysts is sonography however it should be known that it can be misdiagnosed as massive ascite. It is possible to evaluate the structure and the configuration of the cyst and intraabdominal organs by CT but it is too difficult to decide whether the cyst is serous or mucinous. With MRI, the liquid intensity properties of most common serous and mucinous cystadenomas make the differential diagnosis easier. In serous adenomas the cyst is hypointense in T1W images and is at high signal intensity in T2W images. In mucinous tumours the liquid component is presented in high signal intensity in both T1W and T2W images due to high protein content. It is a rare condition for a huge cystadenoma like this to be asymptomatic. Also there is not much study about MRI images of giant ovarian cystadenomas in literature.



Figure 1. In sagittal T2 weighted MR imaging the cyst filling all intrabdominal space is visualized in high signal intensity (estimated weight is 26.5 kg).



Figure 2. Axial T1 weighted MR imaging shows giant cyst in high signal intensity.

REFERENCES

1. Pretorius RG, Matory WE Jr, LaFontaine D. Management of massive ovarian tumors. *Surg Gynecol Obstet* 1989;169:532-6.
2. Jones DR, Vasilakis A, Pillai L, Timberlake GA. Giant, benign, mucinous cystadenoma of the ovary: case study and literature review. *Am Surg* 1992;58:400-3.
3. Kawamoto S, Urban BA, Fishman EK. CT of epithelial ovarian tumors. *Radiographics* 1999;19:S85-S102.
4. Jeong YY, Outwater EK, Kang HK. Imaging evaluation of ovarian masses. *Radiographics* 2000;20:1445-70.
5. Ghossain MA, Buy JN, Ligneres C, et al. Epithelial tumors of the ovary: comparison of MR and CT findings. *Radiology* 1991;181:863-70.
6. Pretorius ES, Outwater EK, Hunt JL, Siegelman ES. Magnetic resonance imaging of the ovary. *Top Magn Reson Imaging* 2001;12:131-46.
7. Ochipinti KA. Computed tomography and magnetic resonance imaging of the ovary. In: Anderson JC, eds. *Gynecologic imaging*. London, England: Churchill Livingstone, 1999;345-59.