

The interdisciplinary treatment of a 28kg mucinous cystadenoma

A case report

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Introduction

Ovarian mucinous cystadenomas represent approximately 15% of epithelial ovarian tumors. They can reach enormous size and seem to form the largest tumors in the human body.

Case report

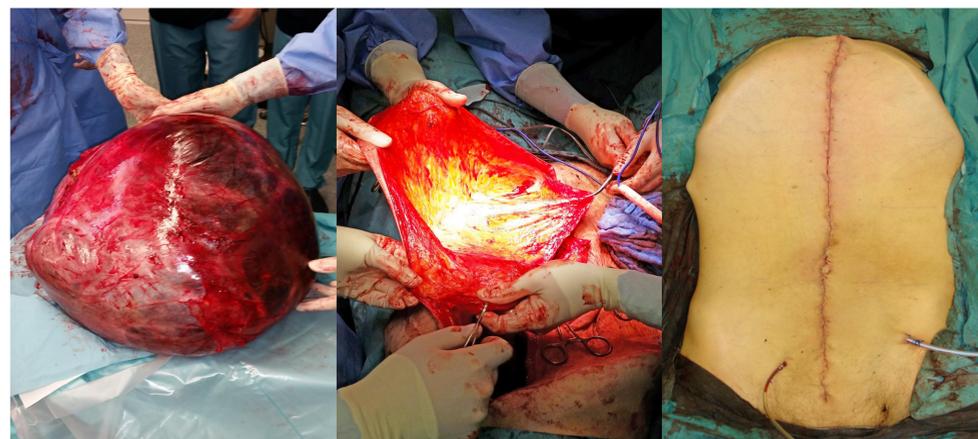
The 57-year-old female introduced herself with a massive increase of her abdominal girth over the last two years. She presented no abdominal pain or dyspnea. Clinical examination showed a massively distended abdomen in an otherwise very skinny patient. Transabdominal ultrasound illustrated a giant adnex tumor with a rather benign aspect. The surgical intervention was planned in collaboration with the plastic surgeons, as the necessity of an abdominoplasty was predictable.



Gynecological intervention

Under general anesthesia, a laparotomy was performed via midline incision. Underneath the peritoneum, the giant cystic mass presented itself with a smooth surface and intact. Very careful dissection was necessary, as the tumor was adherent to the peritoneum of the anterior abdominal wall.

At least cystic mass could be identified to origin from the right ovary, and right salpingo-oophorectomy could be performed without intra-abdominal rupture of the tumor. In addition, left salpingo-oophorectomy was performed in the usual manner.



Plastic surgery

The gynecological procedure was followed by an abdominoplasty performed by the plastic surgeons. After removing 15cm of skin on each side of the laparotomy, they performed fascial duplication and a new navel was shaped out of some of the removed skin.

Anesthesiological challenge

Due to the altered central venous return after removal of the tumor, the patient was in need of catecholamines to stabilize circulation. Therefore, the initial postoperative surveillance took place in the intensive care unit, where further application of catecholamines was necessary during 48 hours. The further postoperative period was uncomplicated. Histological examination confirmed the diagnosis of a benign, mucinous cystadenoma. The tumor weight was 28 kg.

Discussion

Due to preventive gynecological checkups with routine ultrasound it is very rare to find such enormous tumors in highly developed countries. The surgeon should aim for intact removal of the tumor, even when the likelihood to encounter a malignant or borderline lesion is very small. The bigger the tumor, the more important it is to plan the surgical intervention interdisciplinary, as anesthesiological difficulties and the necessity of abdominoplasty are more likely.