CASE REPORT

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# Senile Tumor in a Teenage Ovary - A Special Case Scenario

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## ABSTRACT

In adolescence, ovarian cysts are a very prevalent gynaecological condition. The majority of ovarian cysts are benign, with only a few incidences of malignancy. In adolescents and teenagers, ovarian cystadenomas are uncommon. A 16 year old girl was complaining of acute stomach distension and pain. She received surgical removal and laproscopic drainage. Histopathology revealed that the lump was a serous cystadenoma. The goal of this case is to show that ovarian epithelial tumours, despite their rarity, should be included in the differential diagnosis of big ovarian masses.

**Keywords:** Ovarian Serous Cystadenoma, Benign Ovarian Cysts, Teenage Groups, Germ Cell Tumours, Epithelial Tumours

*See End Note for complete author details

## INTRODUCTION

The most frequent ovarian tumor is ovarian serous cystadenoma, which accounts for roughly 20% of all ovarian neoplasms and is benign. Histo-morphological examination is used to diagnose them. They are usually tiny unilocular cysts with straw-colored fluid on gross inspection. The cyst lining is a simple epithelium with non-ciliated cuboidal cells that resemble ovarian surface epithelium or ciliated tall columnar cells that resemble normal tubal epithelium. Its occurrence peaks between the ages of 60 and 70. Serous ovarian cystadenocarcinomas make up around a quarter of all serous tumours.[1,2]

## CASE REPORT

A 16 - year old female had presented with abdominal distension since six months which was gradual in onset and progressive in nature along with vague pain in left upper abdomen since three months. She has a history of urinary tract infection 5 years ago. Her paternal grandmother was a known case of carcinoma breast. General physical examination and all vitals were normal. Per abdomen examination revealed a grossly and uniformly distended abdomen, presence of stretch marks and positive fluid thrill.

Laboratory investigations showed increased CA-19-9 and normal CA-125 and carcino embryonic antigen. Complete blood count, thyroid profile, liver and kidney profile, lipid profile, blood coagulation studies, urine examination and blood sugar levels were normal. Ultrasound abdomen and pelvis as shown in **[Figure 1]** revealed a large cystic lesion of approx. volume 665 ml extending from the epigastrium to the pelvis.

A contrast-enhanced computed tomography scan of the thorax revealed no abnormalities. Contrast enhanced computed tomographic scan of abdomen and pelvis as shown in [**Figure 2]** revealed a large hypodense lesion measuring 36.8 (cc) x 27.4 (tr) x 15.7 (ap) within the mesentry - almost occupying the entire abdominal cavity. Another relatively hypodense lesion was present in the region of right adnexa abutting the aforementioned lesion in the antero-inferior aspect measuring 8.5 (cc) x 4.5 (tr) x 3.5(ap)

Smear examination - cyst fluid and peritoneal fluid showed no evidence of cancer. The diagnosis was made of a large right ovarian twisted serous cystadenoma/torsion of right adnexa at the infundibulo-pelvic ligament with thrombosed vessels in infundibulopelvic ligament. The treatment administered was laparoscopic drainage of the cyst followed by right salpingo-oophorectomy under general anaesthesia.

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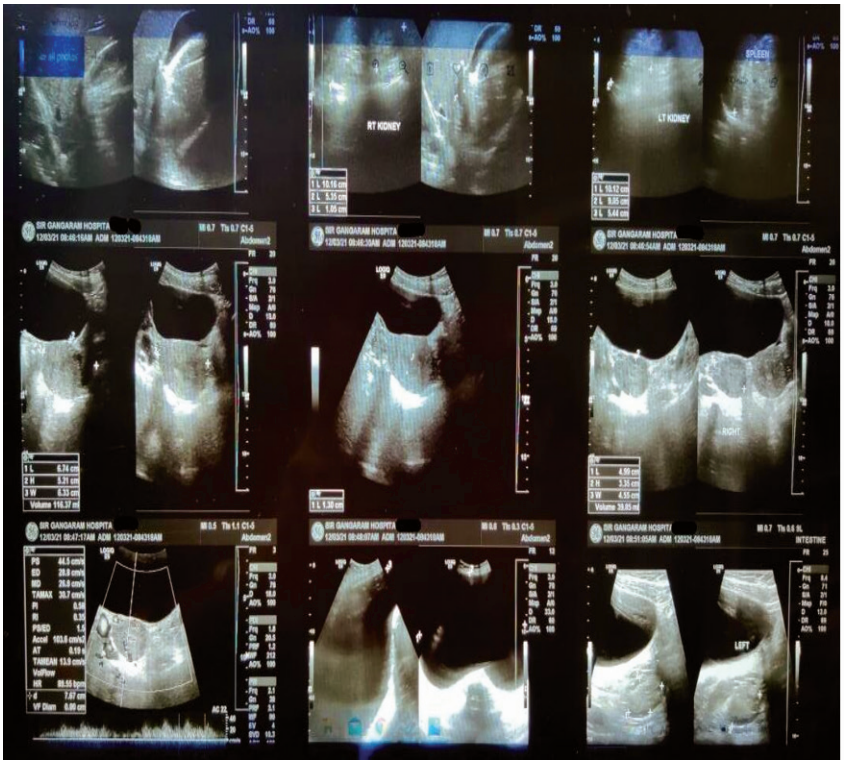


**Figure 1. Ultrasound of abdomen and pelvis revealing a large cystic lesion of approx. volume 665 ml extending from the epigastrium to the pelvis**

Sample for frozen section revealed serous cystadenoma with small foci of cystadenofibroma like areas in right ovary. The post-operative time went smoothly, and the patient was discharged on the fifth day after surgery, with a 15-day follow-up arranged and discharge instructions followed:

Cefuroxime 500mg BD 5 days

Pantoprazole 40mg OD 5 days

Diclofenac 50mg + Serratiopeptidase 10mg TDS

Lactobacillus capsules OD 15 days

## DISCUSSION

Ovarian tumors are divided into three categories: epithelial, sex cord, and germ cell tumors. Mesenteric cysts, functional cysts, para-ovarian cysts, serous cystadenoma, mucinous cystadenoma, cyst adenocarcinoma, and ovarian torsion are among the ovarian masses that can be diagnosed in adolescent girls. Massive ovarian cystadenomas are uncom mon in children.[1-3]

Children with an ovarian mass may not exhibit any symptoms, and the mass may be discovered by chance or during routine inspection. the children may have lower abdominal pain, an increase in belly circumference, or problems such as torsion, bleeding, or rupture. Atypia or any other sort of tumor should be histopathologically examined. Because there have been few malignant recurrences documented more than ten years after first surgery, it may be safe to follow the patients into adulthood. While maintaining long-term follow-up can be difficult, this should not influence the choice to undergo a conservative surgical operation to protect the patient's fertility.[2,3]

## CONCLUSION

we already knew that germ cell tumours are the leading cause of big ovarian masses in children. Epithelial tumours, on the other hand, should not be overlooked in the differential diagnosis. The take away point from this case is to show that ovarian epithelial tumours, despite their rarity, should be included in the differential diagnosis of big ovarian masses.

**Figure 2. Contrast Enhanced Computed Tomographic Scan of Abdomen and Pelvis revealing a large hypodense lesion within the mesentry almost occupying the entire abdominal cavity**

## END NOTE

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