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Multicystic Ovarian Tumour Masquerading As Pelvic Hydatid Cyst

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Abstract
A 54 year female patient came with complaints of distension and lump in abdomen since 2 months. Clinical examination revealed diffuse distension of abdomen with evidence of intra-abdominal lump. No evidence of free fluid. USG revealed large cystic lesion arising from pelvis. CECT revealed large abdominopelvic cystic lesion with multiple daughter cysts. No post contrast enhancement. Laparotomy revealed a 24x21x19 cm cystic ovarian tumour, which was excised. Postoperative course was uneventful and patient was discharged.
Keywords: *Hydatid cyst, ovarian cystadenoma.*

Case Report

A 54 year female patient came to OPD complaints of pain in abdomen which was mild, intermittent and dull aching. She also noticed distension of abdomen which was gradually progressing. On per abdomen examination there was evidence of intra-abdominal lump extending from pelvis up to epigastrium (Fig 1). Patient was examined by gynaecologist and referred to surgery.

Fig 1: Preoperative photograph showing generalised distension

All baseline parameters were within normal limits except for blood sugar which was raised. Patient was kept on oral hypoglycemic drugs. CA 125 was normal.

USG revealed a predominantly cystic lesion measuring 24x18x24 cm with thick septations and internal echoes within arising from pelvis extending up to epigastrium.

CECT abdomen and pelvis showed a moderately large predominantly cystic lesion in the pelvis and abdomen extending superiorly up to L1 vertebra level. Both cystic and semisolid components were present. Multiple internal daughter cysts were seen in this lesion. The ovaries were not identified separately from this mass lesion.(Fig 2)

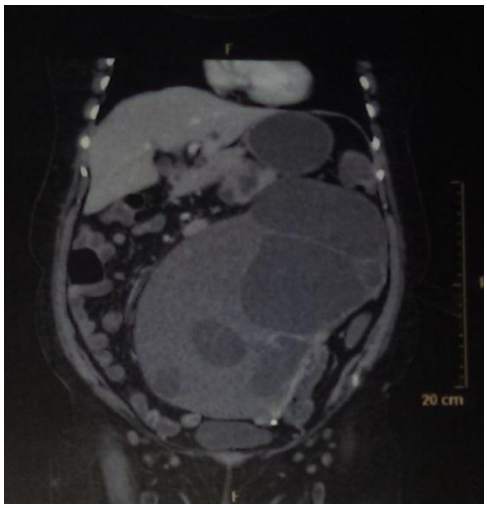

Fig 2: CECT revealing multiple cystic lesions

Patient underwent laparotomy which revealed a solid-cystic tumour arising from left ovary (Fig 3). The tumour was excised completely and intact with the affected ovary and fallopian tube and sent for histopathology (Fig 4).

Fig 3: Intraoperative photograph showing huge tumour arising from pelvis

Fig 4: Excised specimen of tumour

Histopathology of the mass revealed benign mucinous cystadenoma of left ovary.

Discussion

Ovarian mucinous cystadenoma is a benign tumour that arises from the surface epithelium of the ovary. It is a multilocular cyst with smooth outer and inner surfaces. It tends to be huge in size. Of all ovarian tumours, mucinous tumours comprise 15% [1,2].About 80% of mucinous tumours are benign, 10% are border-line and 10% are malignant. Benign ovarian mucinous tumours are rare at the extremities of age, before puberty and after menopause [3], but are common between the third and the fifth decades[4].

Hydatid disease can affect every part of body and demonstrates variety of imaging features depending on stage of disease, complications and tissue affected. Ovarian hydatid is rare, only few are reported in literature as primary involvement.[5] Ovarianhydatid cysts may remain asymptomatic for long and may be discovered incidentally or may cause irritation or compression symptoms. It is very difficult to differentiate hydatid cyst, from other ovarian lesions that may appear to be mostly cystic. Daughter cysts can simulate septal structures that may be seen in cystadenoma.

In our case patient was postmenopausal female with normalCA125 and CECT suggestive of a lesion with multiple daughter cysts arising from pelvis. This lead to consideration of ovarian/pelvic hydatid cyst as the initial diagnosis.But intraoperative findings revealed a cystic lesion arising from left ovary which was benign mucinous cystadenoma.

Conclusion

It is critical for the operating surgeons to keep other differential diagnosis in perspective rather than completely rely on radiological findings. A complete history, thorough clinical examination along with the help of biochemical and radiological markers will definitely lead to a correct diagnosis.

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