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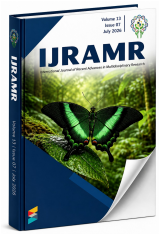

REVIEW ARTICLE

A CASE OF HUGE MUCINOUS CYSTADENOMA OF OVARY IN A PERIMENOPAUAL WOMEN WITH TWO PREVIOUS CAESAREAN SECTION: A CASE REPORT AND REVIEW OF LITERATURE

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ABSTRACT

Ovarian enlargements cystic or solid ,may occur at any age. Functional and inflammatory enlargements of the ovary develop almost exclusively during reproductive age group. They may be asymptomatic or they may produce local discomfort, menstrual disturbances ,infertility or may acutely present as haemorrhage rupture or torsion .Ovarian mucinous cystadenomas are cystic lined by mucin producing epithelial cells. About 80% are benign 10% are borderline and 10% malignant **Case:** Our reported case is a 35 year old multiparous perimenopausal women with two caesarean section who presented with progressive abdominal distension with pressure symptoms. This patient presented at the Gynaecology OPD at KAP Viswanathan Government medical college and MGMGH Trichy. The tumor was removed by Laparotomy without any spill and her per operative and postoperative periods were uneventful. **Materials and methods**: The details were collected from the history, clinical examination, radiological findings and histopathology. **Results**: Ovarian mucinous cystadenomas are essentially benign in nature. These tumors if not timely managed can be potentially dangerous if it ruptures. Such complications are rare nowadays because of early detection.

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INTRODUCTION

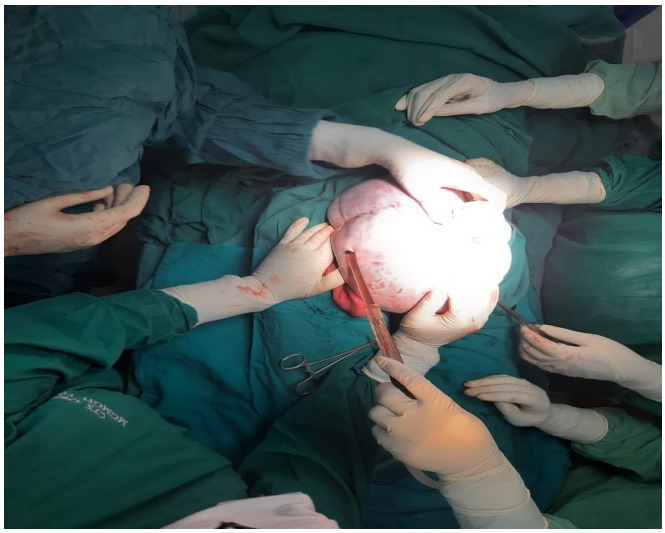
Ovarian mucinous cystadenoma is a benign tumor arising from the surface epithelium of ovary.The tumors are not infrequent ,can grow to a large size and often weigh 5-10 kg and are often pedunculated.These may be combined with Dermoid cyst or Brenner tumor. These tumors are usually unilateral .mucinous tumors occur in women between 30-60 years .They casually present as large cystic masses ,may be asymptomatic or they may present with pressure symptoms. The tumor is miultiloculated containing sticky gelatinous fluid.If the tumor ruptures it may led to pseudomyxoma peritonei. Here we present a case where the patient presented with a large mucinous cystadenoma which remarkably responded to surgical excision

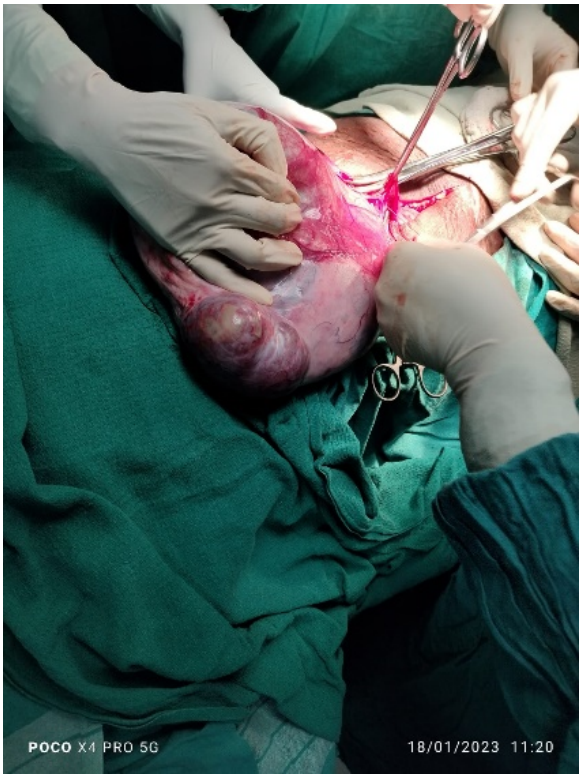
CASE REPORT

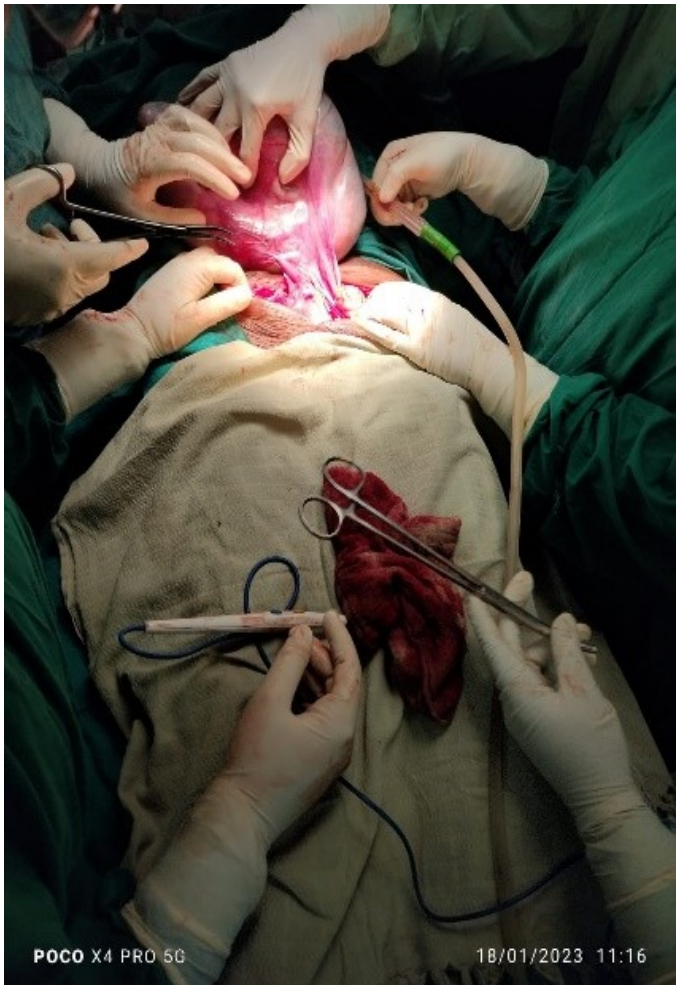
A 35 years old, mother of two, previous two cesareasn section, housewife, presented to Gynaecology out patient Department with complaints of progressive abdominal swelling since 1 year, loss of apetite, back ache and breathlessness.

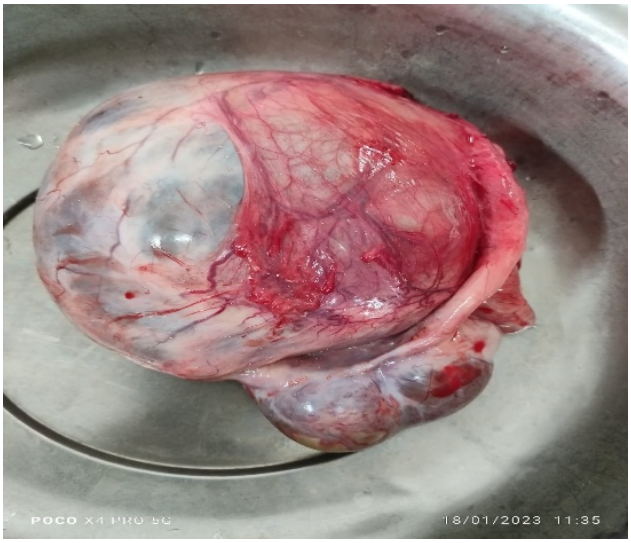
There was no significant past medical history.There was no family history of breast, ovarian or uterine malignancies. On evaluation she had normal breast and thyroid. Her pulse rate blood pressure and body temperature was normal. Her pulmonary cardiorespiratory and neurological functions were normal. Per abdominal examination revealed a suprapubic transverse scar of previous two caesarean sctions with massive abdominal distension from the pelvis upto the epigastrium with no tenderness,positive fluid thrill.per vaginal examination revealed normal sized non pregnant firm uterus ,fullness in cul de sac and both adnexa . Her ultrasound report of whole abdomen showed a large cystic mass filling the abdomen cavity of size 25 cm in diameter with bowel displaced in posterior and upper abdomen. Uterus and right ovary seen normal but left ovary not visualized. Her CECT report of abdomen showed a large cystic mass of around 28 x 11 cm arising from left ovary. Bilateral ovaries could not be separately visualized from the lesion, the lesion was causing mass effect in form of posterior displacement of small and large bowel loop, and anteriorly lesion is closely abutting abdominal muscles, lesion was closely abutting fundus of urinary bladder with loss of perirectal fat pad however there was no evidence of intraluminal extension. Laterally the lesion was reaching up to bilateral lateral pelvic wall, however fat planes are well maintained.

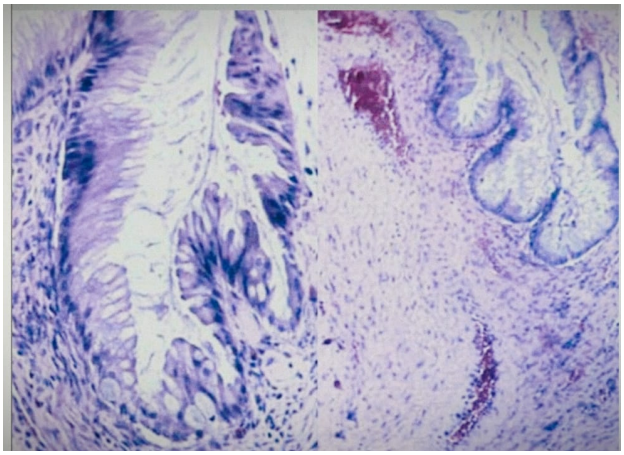
Her routine investigations and tumor markers including CA-125 and CEA were within normal range. Under general anaesthesia , a midline incision was done where a huge cystic mass noted arising from the left ovary Later the incision was extended up to deliver the cystic mass intact without exposing to risk of rupture intraperitoneally.The outer surface of the tumor was smooth and intact.











The uterus right adnexa and appendix appeared healthy.Right ovary biopsy takenThe size of the tumour was 25*25*25 cm Microscopic examination revealed a cyst lined by a single layer of nonciliated columnar epithelium without stromal invasion, compatible with mucinous cystadenoma

Post operative recovery was uneventful and the patient was discharged on 7 th post operative day.and the patient was advised review every 3 months for a year.

DISCUSSION

The International Ovarian Tumor Analysis (IOTA) group ultrasound rules for ovarian masses are a simple set of ultrasound findings that classify ovarian masses into benign, malignant or inconclusive masses.According to IOTA classification our patient is categorised under M(malignant) [Tumor size >10 cm and increased colour flow]. RMI was more accurate than any individual criterion in distinguishing malignant from benign masses. RMI score=1(ultrasound-multilocular cyst) *1- (premenopausal)*25(Ca125) =25.The high false-positive rate of ultrasound, especially in premenopausal women, is often cited as the main limitation of its use in screening for ovarian cancer. The association between RMI and disease status was not statistically significant for mucinous tumors. O-RADS Ovarian-Adnexal Imaging-Reporting-Data System, a clinical support system for the standardized description and classification of ovarian/adnexal lesions.According to this classification,Our patient is categorised under ORADS -4[multiloculated cyst >10 cm] - which indicates 10-50% malignancy.

But in the contrary,Our patient had large benign mucinous cystadenoma .Generally,the vast majority of diagnosed ovarian cysts are benign .Ovarian mucinous cystadenomas account for 15-20% of all ovarian neoplasms.Despite they can grow into extremely large sizes they are more frequently benign 80%,10% borderline and 10% malignant.They are usually unilateral only 5% are bilateral.

CONCLUSION

Women with abdominopelvic masses constitute a challenging condition in general practice .Moreover concomitance with overweight and obesity are additional diagnostic pitfalls.

This case report highlights the importance of early detection and management to decrease the preoperative and postoperative complications and improve the quality of life. Early diagnosis is the key to success in ovarian neoplasms.

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REFERENCES

Vizza E, Galati GM, Corrado G, Atlante M, Infante C, Sbiroli C. Voluminous mucinous cystadenoma of the ovary in a 13-year-old girl. J Ped Adoles Gynecol. 2005;18(6):419–422. doi: 10.1016/j.jpag.2005.09.009. [PubMed] [CrossRef] [Google Scholar]

Mittal S, Gupta N, Sharma A, Dadhwal V. Laparoscopic management of a large recurrent benign mucinous cystadenoma of the ovary. Arch Gynecol Obstet. 2008;277(4):379–380. doi: 10.1007/s00404-007-0556-5. [PubMed] [CrossRef] [Google Scholar]

Crum CP, Lester SC, Cotran RS. In: Robbins' Basic pathology. 8. Kumar V, Abbas A, Fausto N, Mitchell R, editor. Ch 19. Elsevier Company, USA; 2007. Pathology of female genital system and breast. [Google Scholar]

Ioffe OB, Simsir A, Silverberg SG. In: Practical Gynaecologic Oncology. Berek JS, Hacker NF, editor. Lippincott Williams & Wilkins Company; 2000. Pathology; pp. 213–214. [Google Scholar]

Ozgun MT, Turkyilmaz C. A giant ovarian mucinous cystadenoma in an adolescent: a case report. Arch Med Sci. 2009;5(2):281–283. [Google Scholar]

Yenicesu GI, Cetin M, Arici S. A huge ovarian mucinous cystadenoma complicating pregnancy: a case report. Cumhuriyet Med J. 2009;31:174–177. [Google Scholar]

Alobaid AS. Mucinous cystadenoma of the ovary in a 12-year-old girl. Saudi Med J. 2008;29(1):126–128. [PubMed