

# Giant Ovarian Cyst: A Case Report from A Post-Menopausal Woman

Cipta Pramana\*, Joshua Kurnia Tandi and Novi Dian Lestari

## **Abstract---**

**Background:** Giant ovarian cyst is one type of ovarian tumor which is rarely found at this time. The level of awareness of patients to examine their health conditions has a great influence in decreasing this case.

**Case:** We report a 62-year-old woman with a giant ovarian cyst with cyst size of 22.13 cm x 28.28 cm x 30.48 cm. Laparotomy cystectomy, sinusalpingo-oophorectomy, adhesiolysis, and omentectomy were performed to the patient, considering the possibility of malignancy.

**Result:** The results of the cyst decompression with controlled drainage are as much as 6 liters of liquid, with a total tissue weight of 1 kg. Histopathology examination of cystic tissue I suggest a malignant sex-cord-stromal tumor with endometriosis cysts, cyst tissue II suggests a malignant sex cord-stromal tumor with endometriosis cysts and an unclassified sex cord tumor, and the left tubal tissue suggests hydrosalpinx. Histopathology examination of the omentum suggests a malignant ovarian tumor metastasis. Hysterectomy was not performed on this patient because the clinician have not been able to determine whether this cyst is a malignancy or not.

**Conclusion:** Post-operative patient condition is well monitored and can go home on the 3rd post-operative day. After we receive the histopathology examination result, the patient was referred to a tertiary type hospital for further diagnosis and management.

**Keywords---** Giant Ovarian Tumor, Postmenopausal Woman, Surgery.

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## **I. SUMMARY**

Giant ovarian cyst is one type of ovarian tumor that is rarely found at this time. The level of patient health awareness has a great influence on decreasing this cyst case. We report a 62-year-old woman with ovarian sinus cysts measuring 22.13 cm x 28.28 cm x 30.48 cm. Laparotomy cystectomy, salpingo-oophorectomy sinistra, adhesiolysis, and omentectomy performed. Obtained drainage results as much as 6 liters of fluids, with a total weight of 1 kg. Histopathology examination suggests a malignancy so that further examination is needed to establish the diagnosis.

## **II. INTRODUCTION**

Nowadays, cases of giant ovarian cysts which are one type of ovarian tumor, are cases that are rarely encountered by clinicians in daily practice. Giant ovarian cyst itself is defined as a cyst > 10 cm in diameter from

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radiological examination or the size of the cyst exceeds the umbilicus.<sup>1</sup> Ovarian tumors themselves are divided into 4 categories, namely epithelial tumors, germ cell tumors, sex-cord stromal tumors, and metastatic tumors, where the most common are epithelial tumors (65-75%).<sup>2</sup> Its complications can occur due to the size of the cyst and malignancy.<sup>3</sup>

We report a 62-year-old woman with giant ovarian cysts (22.13 cm x 28.28 cm x 30.48 cm). Laparotomy cystectomy salpingo-oophorectomy, adhesiolysis, and omentectomy, taking into account the possibility of malignancy in this patient.

### **III. CASE REPORT**

A 62-year-old Javanese woman, P1A0, married for 42 years, post-menopause 10 years ago, weigh 45 kg, came to the K.R.M.T Wongsonegoro Hospital's Emergency Room on 17 August 2019 with stomach complaints that were getting longer and more enlarged and hardened which she noticed since 4 months ago, accompanied by appetite which is increasingly declining and limp body. During this time the patient only went to the health center to deal with her complaints because the patient claimed to be afraid to go to the hospital. The patient was hospitalized for further observation and preparation for surgery.

From the results of the physical examination, the general condition of the patient appeared to be moderately ill with *compos mentis* awareness and from examination of vital signs within normal limits. Her stomach was distended with a diameter of length times width 60 cm x 45 cm. With the result of abdominal percussion, which is dim and appears to dilate the superficial veins of the abdomen.

From the results of laboratory investigations, the patient's Hb level was 7.6 g / dL and was managed with 2 colf transfusion of PRC (packed red cell). On August 22, 2019, a blood test was performed again, with a patient's Hb level of 10.2 g / dL and leukocytosis with a leukocyte count of 28,500 / uL. Ultrasound radiological examination results showed a multiloculated cystic mass with a regular edge on the pelvic cavity that extends to the abdominal cavity with an inaccessible size of the probe, accompanied by an internal echo with a differential diagnosis of ovarian mass and intraperitoneal mass. Also found is severe right hydronephrosis, ascites, and duplex pleural effusion. From the results of radiological examination of the CT scan of the abdomen with contrast, obtained a picture of multiloculated cystic mass with septa accompanied by a solid part and calcification of the pelvic cavity that extends to the abdominal cavity with AP size 22.13 cm x LL 28.28 cm x CC 30.48 cm, which post-contrast injection appears enhancement in the solid with a differential diagnosis of ovarian cyst, ovarian cystic neoplasm. The mass appears to push the intestine to the superior and lateral, as well as urinary bladder urge to the inferior. No vascular enhancement was seen on Doppler examination.

Also, oval cystic lesions were well demarcated and regular margins in the left para aorta with inferior gastric aspects, superior aspects of the left kidney, and anterior aspects of the spleen measuring 4.46 cm x 3.95 cm with a differential diagnosis of cysts, fluid collection. Also obtained is a picture of a hypodense nodule in the right lobe of the liver, measuring 1.35 cm x 1.36 cm, severe right hydronephrosis et causa suppression of the mass, simple cyst in the mid-pole of the left kidney, measuring 1.87 cm x 2.14 cm, and ascites and duplex pleural effusion.

August 23, 2019, laparotomy cystectomy, salpingo-oophorectomy sinistra, adhesiolysis, and omentectomy were performed. Decompression of the cyst with controlled drainage and discharge of as much as 6 liters, then performed cystectomy on cysts with a total weight of 1 kg. Four tissues were taken for histopathology examination, including 2 cysts tissue, 1 tubal tissue, and 1 omentum tissue. The condition of the postoperative patient was monitored well and there were no complaints. The patient then observed post-operatively in the ward for 3 days and then prepared to go home.

Histopathology examination results on cysts I and II suggest a malignant sex-cord-stromal tumor accompanied by endometriosis cysts, on the left fallopian tissue suggesting hydrosalpinx, and on the omentum suggesting malignant ovarian tumor metastases. the patient was referred to a tertiary type hospital one week after the operation was done. Further examination is needed in the form of an immunohistochemical panel for further diagnosis.

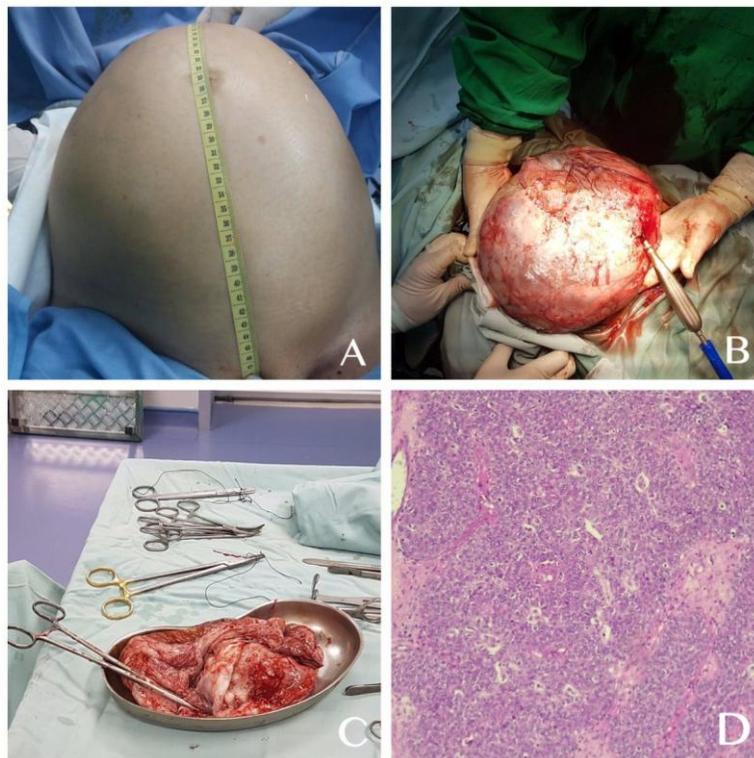


Figure (A) Ovarian cysts before surgery. ( B). Ovarian tumors during surgery. ( C). Ovarian tumors after surgery .  
(D). Histopathological patterns: Sex cord-stromal tumor (the appearance of a granulosa cell tumor)

#### IV. DISCUSSION

A 62-year-old woman came to the hospital with an increasingly enlarged and hardened stomach that was suspected of being an ovarian mass after physical examination and support. The fear of going to the hospital makes the patient decide to delay the time to go to the hospital. In other case reports, as in the report of Molina et al., a 64-year-old woman, have felt a mass in the lower abdomen, but only examined him because in the last 4 months, patients complained of pain, weight loss, and nausea and vomiting .<sup>3</sup> In addition, the patient claimed to have

difficulty accessing health care facilities and also had fear of operative action.

In this case, the size of the cyst is 22.13 cm x 28.28 cm x 30.48 cm, unilateral to the left ovary. In other cases, as in the Adnan et al. Report, cysts can appear bilateral, measuring 30 cm x 26 cm x 20 cm in the right ovary and 15 cm x 15 cm in the left ovary.<sup>4</sup>

Ovarian cysts can occur at any age, young or old, is married or unmarried women. In this case, the cyst appeared at the age of post-menopause, which is 62 years and the patient has been married for 42 years and has had a biological child. In other cases, as reported by Badarwan S, et al., The patient is an unmarried woman, 27 years old, where the age is in a productive state, and does not have biological children.<sup>5</sup>

Also, CA-125 biomarkers are often considered for testing, especially if there is a suspicion towards malignancy. In this case, a radiological examination was carried out in the form of Ultrasonography and CT Scan, but CA-125 biomarker examination wasn't performed with consideration of costs and it wasn't covered by the Indonesian National Medical Insurance.

In this patient performed laparotomy cystectomy, salpingo-oophorectomy, adhesiolysis, and omentectomy. Hysterectomy was not performed in this patient because the clinician hasn't been able to determine whether this cyst is a malignancy or not. In several other case reports, including Pitone et al., and Agrawal et al., hysterectomy was also performed on patients, most likely due to age considerations and risk of malignancy.<sup>6,7</sup>

The condition of the post-operative patient was monitored well and there were no complaints. The patient then observed post-operatively in the ward for 3 days and then prepared to go home in a stable condition. In other case reports, the condition of the patient post-surgery, was at risk for becoming unstable because of the emergence of post-operative complications, so that further action is needed to overcome the condition. In another case report, Madhu Y, et al. reported that on the 8th day postoperatively, swelling of the abdominal wall was suspected as hematoma, also the patient experienced episodes of hypotension, as well as appearing pale, resulting in a re-exploration laparotomy.<sup>8</sup>

Large-sized ovarian cysts made laparoscopy was difficult to be done. Because of that reason, the operator considered to do laparotomy rather than laparoscopy. In another case report, Shindholimath, et al. laparoscopy is indeed an acceptable method for ovarian cyst surgery, and the size of the tumor was not a contraindication for this surgery, but depending on the patient's age and obstetric history, laparotomy was chosen.<sup>9</sup>

Histopathology examination results obtained one week after the initial surgery. The histopathology results on cysts I and II suggest a malignant sex-cord-stromal tumor accompanied by endometriosis cysts, on the left fallopian tissue suggesting hydrosalpinx, and on the omentum suggesting malignant ovarian tumor metastases. Bousioss, et al. suggest that ovarian cancer in a postmenopausal women has an aggressive behaviour and adjuvant platinum-based chemotherapy should be considered.<sup>10</sup> Because our hospital is a secondary type hospital, there is no chemotherapy treatment facilities, so the patient was referred to a tertiary type hospital.

## V. CONCLUSION

In developing countries, people still have a lack of awareness and knowledge in the management of diseases they

suffer from, one of them is ovarian tumor. This can be seen from the habit of people who just came for treatment after the tumor enlarged and caused clinical manifestations, as well as the community's fear of actions that will be taken at the hospital as a health service provider. Giant ovarian cyst is a type of neoplasm that has rarely found but requires a proper treatment to prevent high-risk complications. In this case, the tumor was successfully removed without complications despite the delay in establishing the diagnosis because further investigation is needed.

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