Large Serous Cystadenoma in a Postmenopausal Woman: A Case Report

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Abstract
Serous cyst adenoma is a cystic ovarian tumor containing a serous fluid and a solid-tissue component. This tumor is a benign form, presenting as a cystic unilocular or a multilocular ovarian mass with a thin wall and minimal papillary projections. Giant ovarian tumors have become rare because of the early detection of adnexal pathology with the advent of routine imaging modalities in the recent era of medical practice. In previous studies, large or giant ovarian cysts were described as cysts measuring more than 10 cm in diameter in a radiological scan or those cysts reaching above the umbilicus. Cystadenoma, adenofibroma, and surface papillomas are the benign serous tumors. These tumors occur in about 25% of all benign ovarian neoplasms and in 58% of all ovarian serous tumors. Serous tumors are commonly seen during the reproductive period and 50% of them occur before the age of 40 years. Most of these cysts are benign, with a chance of malignancy being only 7–13% in premenopausal and 8–45% in postmenopausal women. Huge size ovarian serous cystadenomas are rare. In the literature, a few cases of giant ovarian cysts have been mentioned sporadically, primarily in elderly patients.

In this study, we report a case of 58-year-old woman who was diagnosed with a right ovarian benign serous cystadenoma measuring 30 × 26 × 24 cm in size with a weight of 5.5 kg.

Case Description
A 58-year-old postmenopausal woman with previous 3 LSCS presented with a complaint of a gradual distension of the abdomen from the last 3 months. On general examination, the patient was vitally stable. A per abdominal examination revealed a large abdominal mass corresponding to a 34-weeks gestational-size uterus. The mass was firm in consistency with restricted mobility. A per speculum examination revealed a healthy cervix and vagina. On a per vaginal examination, a mass of 34-weeks gestational size was palpable which was firm to hard in consistency, uterus could not be felt separately, and right-side fornical tenderness was present. An abdominal ultrasound examination showed a large cystic lesion (23 × 18 cm) arising from the pelvis and extending to the epigastric region with thick internal septae. Contrast enhanced computer tomography of the abdomen and pelvis showed a large hypodense cystic density lesion of 25 × 23 × 21 cm, with multiple internal hypodense septations, the evidence of a cyst adenoma of the ovary. Laboratory tests (including tumor marker CA125) were within normal limits.

The patient underwent an exploratory laparotomy with a right ovarian cystectomy, with total abdominal hysterectomy with left-sided salpingo-oopherectomy done. Intraoperative findings showed a large right ovarian cyst of 32 × 26 × 25 cm seen with a normal-sized uterus with the cystic mass adherent to the omentum; the mass was separated by blunt dissection and sent for frozen section, which was suggestive of a benign serous cystadenoma. A mass of 30 × 26 × 24 cm size with a weight 5.5 kg was successfully removed. Final impression was suggestive of a benign serous cystadenoma. The postoperative course of the patient was uneventful.

Discussion
Large/giant ovarian cysts are benign in most of the cases, and histopathologically these cysts are either serous or mucinous. Serous tumors secrete serous fluids and are originated by an invagination of the surface epithelium of the ovary. Serous tumors are commonly benign (70%); 5–10% have borderline malignant potential, and
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They concluded that histologically, the resected mass was not of tubal origin as suspected, but a serous cystadenoma arising from the ovarian tissue. The patient’s two normal, eutopic ovaries were completely uninvolved and unaffected. A tumor arising from the ectopic ovarian tissue of embryological origin seems the most likely explanation.\(^5\) Mülayim et al. presented a case of 36-year-old virgin woman (nonmarried) presenting a giant ovarian serous cyst adenoma weighing 9.5 kg. When she was seen first at their outpatient clinic, she looked like a 9-month pregnant woman. Her medical history was normal. She had no serious illness or operation before. On abdominal ultrasound, a giant cyst was found, which encompassed the whole abdomen. At laparotomy, a giant, totally cystic, vascularized, and smooth mass attached to the right ovary was encountered, lying between the symphysis and the xiphoid. A oofectomy was performed. On the postoperative second day, she was discharged without any problem. Her pathology report disclosed a \(35 \times 20 \times 16\) cm serous cyst adenoma weighing 9.5 kg.\(^7\)

Şahin et al. reported a case of a 65-year-old patient with progressive pelvic pain and postmenopausal vaginal bleeding was evaluated by transvaginal ultrasound, which revealed bilateral adnexal masses measuring 5 cm in size and a normal uterus with an increased endometrial thickness of 7 mm. Initially the endometrial sampling result was reported as benign. The patient underwent abdominal hysterectomy and bilateral salpingo-oophorectomy and the pathological diagnosis was again benign, with a serous ovarian cystadenoma being found in both ovaries. The pathologist also reported an incidental ectopic adrenal tissue on the wall of the left ovarian cystadenoma.\(^8\)

REFERENCES