



AB139. A giant ovarian cyst: or is it?—a case report

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Background: We present a case of a 16-year-old patient, nulligravida, who was referred to the gynaecology services with pelvic pain and intermittent bloating ongoing for 6 months. Last menstrual period was three weeks prior to presentation and no gynaecological history was noted. Surgical history was significant for a tonsillectomy. Past medical history included asthma and depression.

Methods: On examination, the patient was vitally stable and her abdomen was generally distended with mild lower abdominal discomfort on palpation. No abnormality was noted on sterile speculum examination. A urinary β hCG and abdominal ultrasound were requested.

Results: Urinary β hCG was negative. Routine bloods

were normal. Abdominal ultrasound revealed a large intra-abdominal and pelvic cyst measuring 28×24×12 cm with associated right hydronephrosis. Following this, the patient underwent laparoscopy with subsequent aspiration of 5,310 mL cystic fluid, right sided salpingectomy and partial oophorectomy. Recovery was complicated by a urinary tract infection however was discharged well on day three postoperatively. Histology revealed a simple cyst with serous epithelial lining with no evidence of malignancy.

Conclusions: Large tubo-ovarian cysts are not uncommon. Laparoscopic excision is a feasible technique; however, it depends on surgical experience, availability of instruments, the nature of the cysts, and both blood and radiological investigations. In our case we demonstrate the benefit of laparoscopy in reducing morbidity, despite the technical difficulty in removing such a large cyst.

Keywords: Cyst; laparoscopy; gynaecology

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