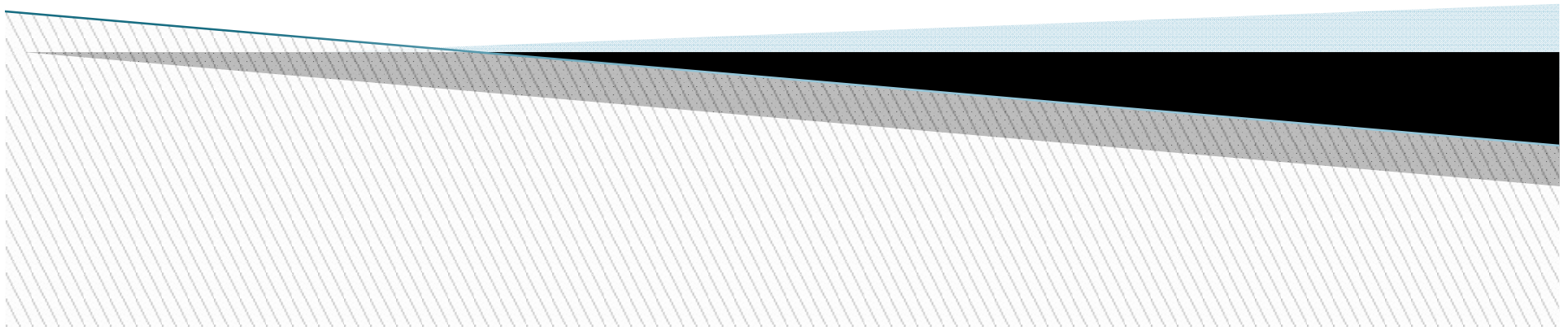


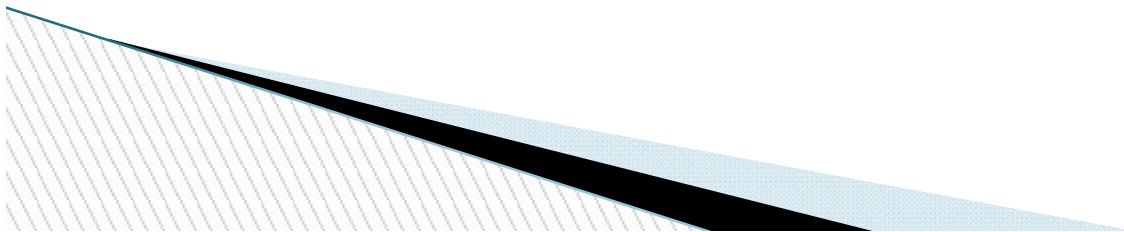
CASE PRESENTATION

Dr.SHAILAJA
Second yr PG



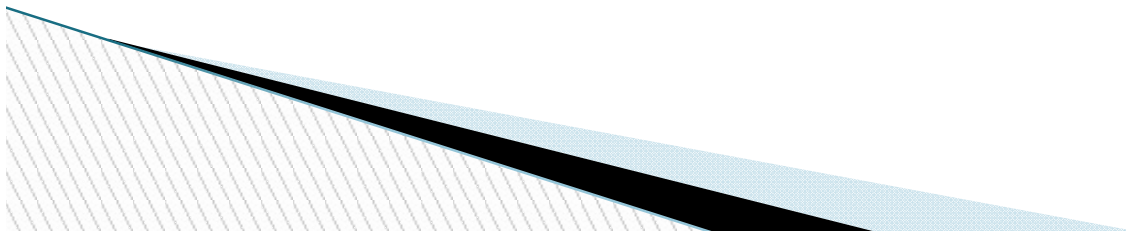
PATIENT PARTICULARS

- Name – Patient X
- Age – 39 yrs
- W/O Venkanna
- Address – Nalgonda
- Occupation – Homemaker
- Socio–Economic Status – Class IV

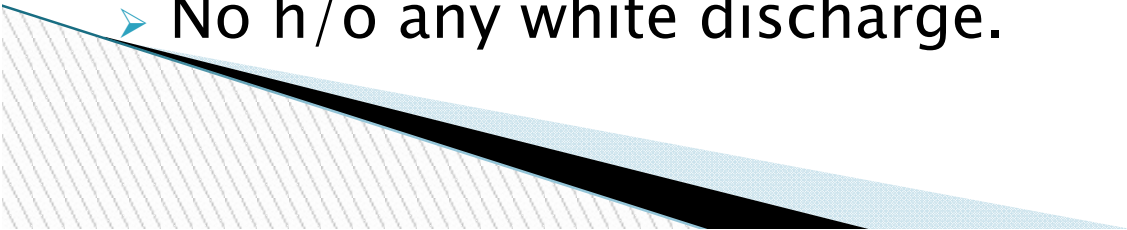


CHIEF COMPLAINTS

- } Abdominal distension since one month.



HISTORY OF PRESENT ILLNESS:

- Patient was apparently asymptomatic 1 month back after which she developed abdominal distension which was insidious in onset, progressive in nature, not associated with pain.
 - No history of shortness of breath, vomitings,
 - No h/o of burning micturition
 - No h/o fever.
 - No h/o constipation.
 - No h/o bleeding Per vaginum.
 - No h/o any white discharge.
- 

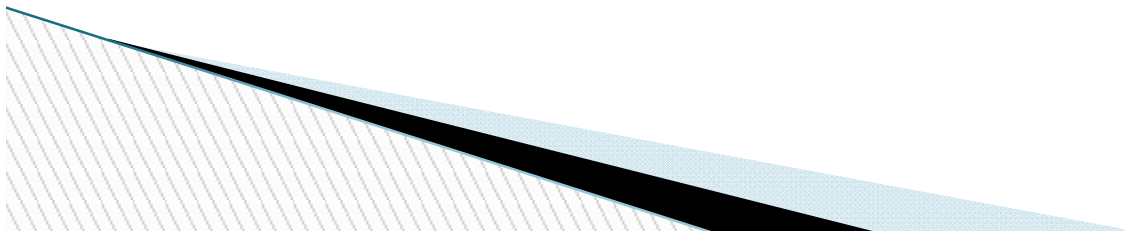
MENSTRUAL HISTORY:

LMP : 3/02/ 2015

- Age of menarche– 13years
- cycles were regular for every 30 days for a duration of 5 days
- Changes 3 to 4 pads/day.
- No history of passage of clots and dysmenorrhea

MARITAL HISTORY:

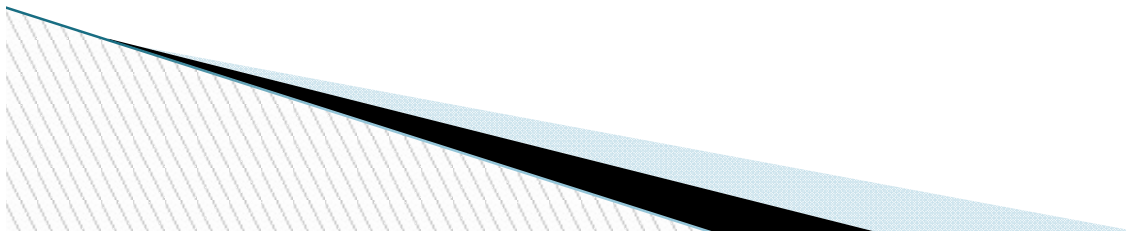
- 25 years of married life, non-consanguinous, no history of oral contraceptive pills usage



OBSTETRIC HISTORY

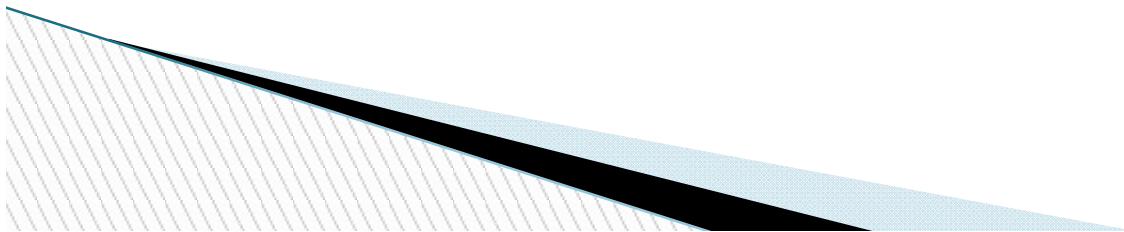
P2L2

- } 1st child : male, 25 years, FTNVD at govt. hospital, Nalgonda
- } 2nd child: male ,20 years, FTNVD at govt. hospital, Nalgonda
- } Tubectomy done 20 years back



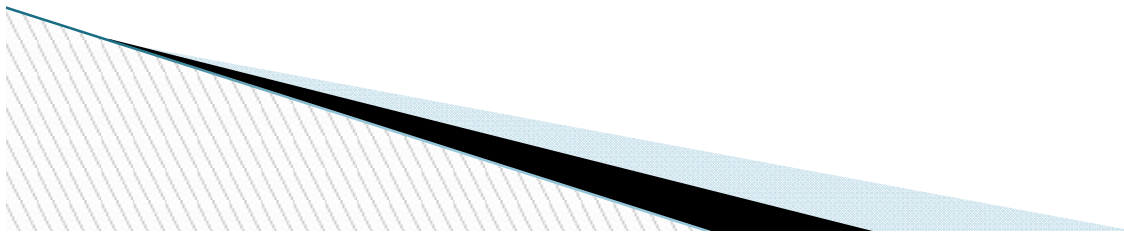
PAST HISTORY

- } Not a known case of Diabetes/ Hypertension/ Asthma/ Tuberculosis/ Epilepsy/ Thyroid or Heart disease.
- } No history of previous blood transfusions



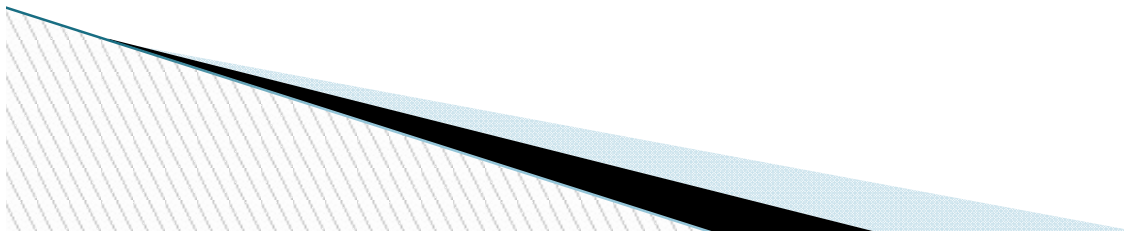
PERSONAL HISTORY

- Mixed diet
- Sleep adequate
- Appetite normal
- Bowel and bladder is regular
- No addictions



FAMILY HISTORY

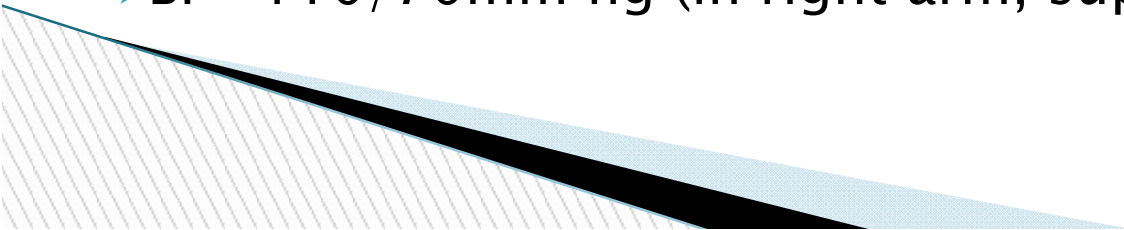
- No similar complaints in the family
- No h/o of diabetes and hypertension in the family
- No history of Gastrointestinal, Breast, or Ovarian malignancy in the family.



GENERAL EXAMINATION

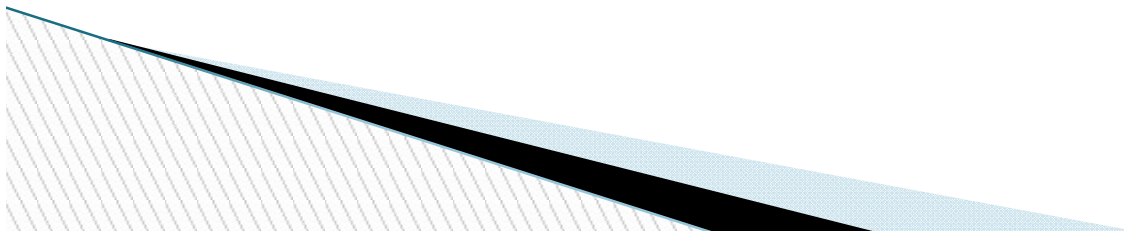
- Patient was conscious, coherent, cooperative, moderately built and nourished.
- No pallor, icterus, cyanosis, clubbing, koilonychia, generalized lymphadenopathy or pedal edema.
- Breast/spine/thyroid were normal.

VITALS

- General condition – fair
 - Temp – Afebrile
 - PR – 84 beats/min regular in rhythm and normal in volume
 - BP – 110/70mm hg (in right arm, supine position)
- 

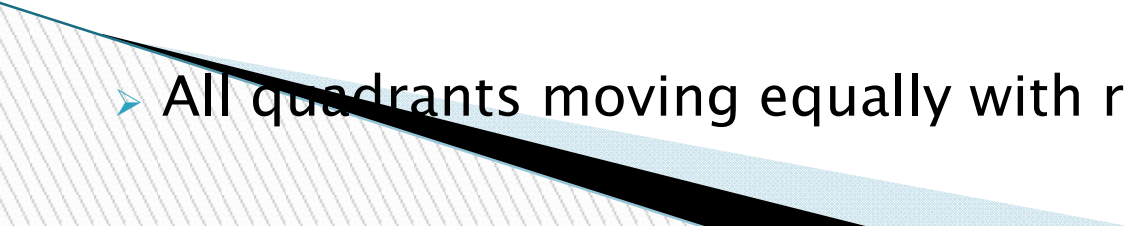
SYSTEMIC EXAMINATION

- } CVS – S1 S2 heard ,no murmurs.
- } RS – Bilateral airway entry present. Normal vesicular breath sounds heard.
- } CNS – Higher mental functions normal; No focal neurological deficits.



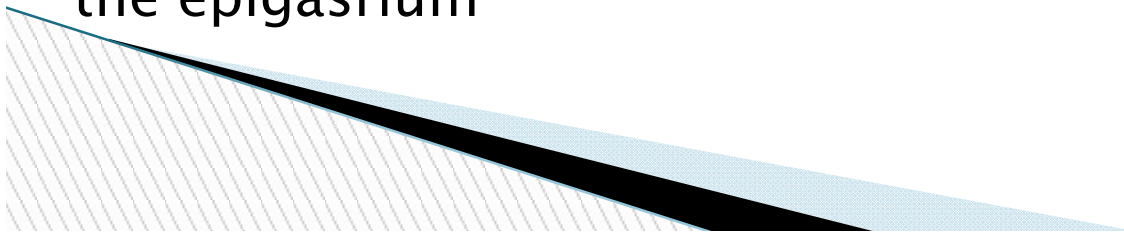
ABDOMINAL EXAMINATION

➤ ON INSPECTION:

- Gross distension of the abdomen extending up to the Xiphisternum
 - Skin over the abdomen is normal
 - Umbilicus everted
 - Scar present 2cm above the supra-pubic region
 - No sinuses, engorged veins
 - No visible pulsations
 - All quadrants moving equally with respiration
- 

ON PALPATION:

- Mass corresponds to 34 weeks gravid uterus size
- Size of the mass 30 cm x 30 cm
- Abdomen is ovoid in shape
- Surface smooth
- Cystic in consistency
- Mobility could not be appreciated
- Mass occupying iliac regions , hypogastrium ,extending upto the epigasrium

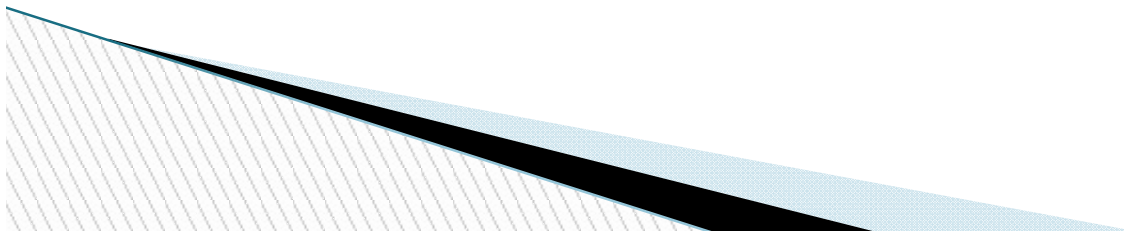


ON PERCUSSION:

- Area over the mass is dull on percussion, and resonant over the flanks.

ON AUSCULTATION:

- Bowel sounds heard.

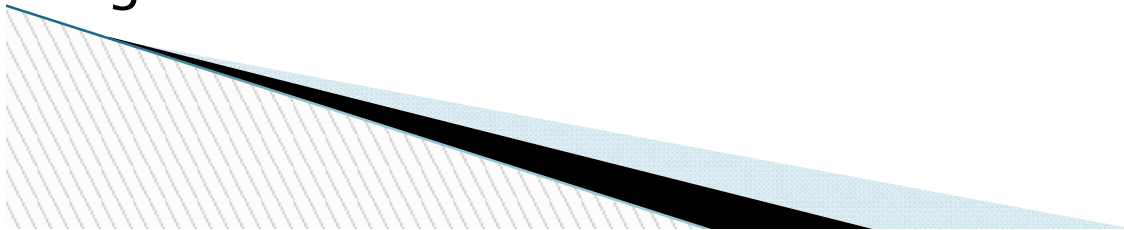


PER SPECULUM:

- Cervix – Circumoral erosion seen
Bleeds on touch
- Vagina – Healthy

PER VAGINUM:

- Uterus acutely anteverted
- Mobile, normal size
- Mass seen distinct from the uterus
- Mass of 34 weeks gravid uterus size
- Left Hingoranis sign positive
- Forniceal fullness present
- Non tender
- Right fornix free and non tender

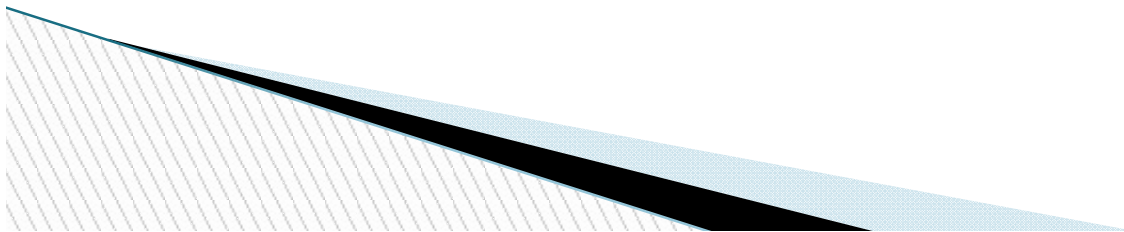


DIFFERENTIAL DIAGNOSIS:

- Cystic Degeneration of Fibroid

PROVISIONAL DIAGNOSIS:

- P₂L₂ with Ovarian mass?



INVESTIGATIONS

- } Blood grouping and typing – ‘O’ positive
- } Hb – 12.1%
- } Total count – 5900/cu.mm
- } Platelets – 3.1 lakhs/cu.mm
- } BT/CT – WNL
- } CUE – normal
- } RBS – 101 mg/dl
- } LFT/RFT – normal
- } T₃, T₄, TSH – WNL
- } ECG – normal
- } Chest x-ray – normal study
- } AFP – 2.77 IU/ml (0–6 IU/ML)
- } CA 125 – 30.4 IU/ml (0.1–35 IU/ML)
- } CEA – 1.23 ng/ml (0.96–3 NG/ML)
- } Pap Smear – No inflammatory smear; No e/o malignancy.

ULTRASOUND ABD. AND PELVIS:

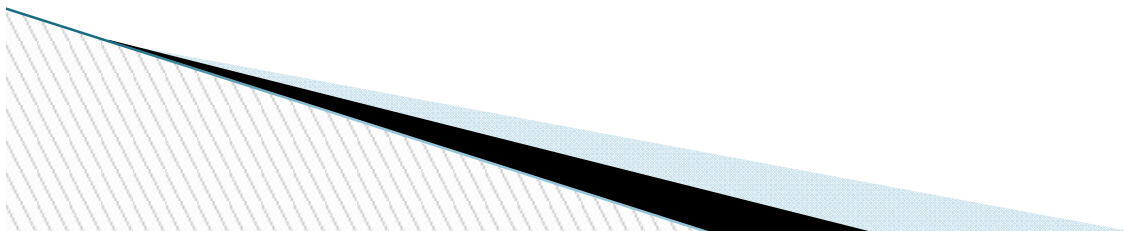
➤ large cyst measuring >30cms with multiple internal septae, varying internal composition suggestive of Ovarian cyst. Likely mucinous neoplasm.

ULTRASOUND DOPPLER:

➤ Studying of mass shows high resistance flow

MRI ABD. AND PELVIS:

- large multi-locular cystic mass mostly likely arising from left ovary
- Most likely a serous neoplasm
- No evidence of thick septations
- No evidence of solid components
- No evidence of mural nodularity.



MANAGEMENT:

Surgical treatment–

} Surgery executed Staging Laprotomy

} On staging laparotomy:

1. There was no free fluid, hence peritoneal wash was performed by instilling and recovering 100 ml NS from pelvic cul-de-sac, each paracolic gutter.
2. Systemic exploration of all the intra abdominal surfaces and viscera was done.
3. Suspicious areas and adhesions on peritoneal surface were biopsied.
4. Retroperitoneal surfaces were explored.
5. Proceeded with TAH and bilateral salpingoopherectomy..

Intra operative findings:

} Cyst of size 30x30 cms arising from the left ovary

} Right ovary appears to be multi cystic

} B/L tubes also appear to be normal.





POD 1

➤ NBM

➤ Iv FLUIDS

➤ Inj. Amoxicillin + Clavulanic acid 1.2gms iv BD

➤ Inj. Gentamycin 80mg iv BD

➤ Inj Metronidazole 100ml iv TID

➤ Inj. Pantaprozole 40mg iv BD

➤ Inj. Tramadol im BD

➤ Vitals were monitored

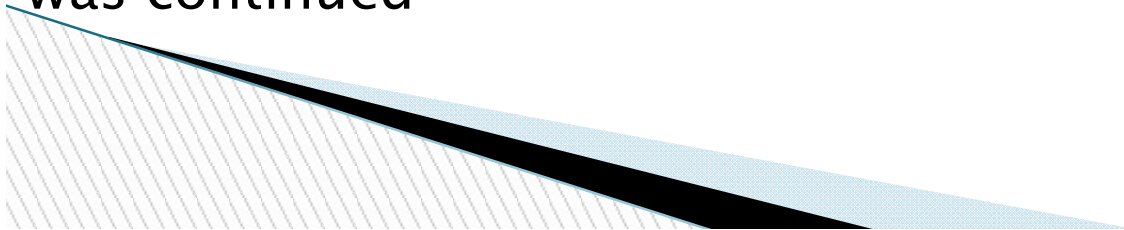
➤ I/O charting was done

POD 2,3,4

- Sips of fluids were allowed
- Inj. Augmentin 1.2gms iv BD was continued
- Inj. Pantop 40mg iv BD
- Inj. Tramadol im SOS

POD 5

- Patient was comfortable and actively ambulating
soft diet was allowed
- And the rest of the same treatment mentioned above
was continued

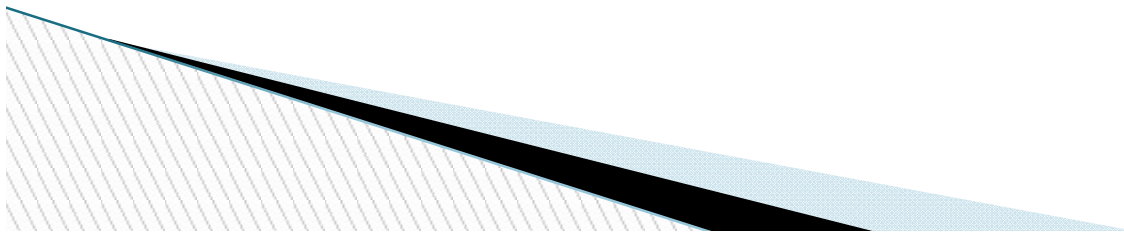


➤ POD 6, 7

- Regular diet
- Plenty of oral fluids advised
- Inj. Augmentin 1.2gms iv BD
- Inj. Pantop 40mg iv BD
- Inj. Tramadol im SOS

POD 8

- Suture removal was done and patient was discharged



HISTOPATHOLOGY REPORT

- Suggestive of benign mucinous cystadenoma of left ovary

