AN ASYMPTOMATIC HUGE OVARIAN ENDOMETRIOMA - CASE REPORT

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25yr nulliparous female married 9mths on condom contraception with regular periods on routine health checkup found to have mass abdomen and referred for further care. Examination showed stable vitals, and a huge mass filling abdomen, firm mobile regular outline, USG and CT showed left sided multiloculated heterogenous cyst 25x15x8cm with increased vascularity, left ovary not seen separately, right ovary multiple small cysts, uterus pushed to right, 6x4cm, separate from cyst, ET 3mm, Lab. tests normal except S.CA 125 as 6524. With detailed counseling and written informed consent, under GA, taken up for Laparotomy and proceed, huge mass removed in toto with partial deflation, arising from left of uterus, sent for frozen section, peritoneal fluid sent for cytology, received opinion of Endometriosis, surgery proceeded with removal of cysts on right ovary, uterus and right ovary left behind, liver normal, no palpable lymph nodes, intra and post operative uneventful. Detailed HPE report. Bilateral Ovarian Endometriosis with no evidence of malignancy, 6 wk later S.CA 125 reported 34.1i.u./ml

Conclusion. High S.CA 125 of order of 6000 may not be malignancy always, huge endometriotic cysts may remain silent and asymptomatic. Further counseling and work up on ovarian reserve and fertility issues, recurrence of endometriosis is the way forward.