Letter to the Editor

Giant ovarian cyst

Vitorino M. Santos^{1*}, Lister A. M. Santos², Fabiana R. D. Modesto³

^{*1} Internal Medicine Department of Armed Forces Hospital and Catholic University, Brasília-

DF, Brazil.

² Surgery Department of State Workers Hospital (HSE), São Paulo-SP, Brazil. listersantos@hotmail.com

³ Brazilian Federation of Gynecology and Obstetrics, São Paulo-SP, Brazil. <u>fabiruas@hotmail.com</u>

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*Correspondence to: Prof. Vitorino M. Santos. Estrada do Contorno do Bosque s/n, Cruzeiro Novo,

Zip Code: 70630-900, Brasília-DF, Brazil, phone: #55-61 39662103, fax: #55-61 32331599. E-mail: vitorinomodesto@gmail.com

Sir

We read the exceedingly rare case study recently described by Hota et al. about giant ovarian cyst in term pregnancy¹. The patient was a 25-year-old woman undergoing therapy for hypothyroidism, with history of three previous deliveries (P1L1A1). USG of abdomen and pelvis was normal with respect to gestational age in the second trimester, and ovarian cyst was not seen. However, the USG of control done on the third trimester revealed a left ovarian cyst (21x18 cm), with normal obstetric features. The weight of removed cyst of 29x20 cm was 4.9 kg, and the histopathology diagnosis was ovarian mucinous cystadenoma¹. The authors emphasized the rarity of concomitat pregnancy and ovarian cyst, and 15% of these mucinous cysts are malignant¹. Huge ovarian cysts are more often benign, and less frequently they are diagnosed in association with normal pregnancies¹. Major concerns in this setting should be the early diagnosis, close follow-up of the cyst growing, and appropriate intervention¹. Interestingly, in the case herein commented the ovarian cyst was not detected by USG in the first two trimesters of pregnancy.

The case study is of great interest and was well described, but we would like to present some additional comments. Mucinous cystadenomas often occur in the fourth and fifthy decades, represent 25% of ovarian tumors, and 5% are bilateral². Large cysts may be benign or malignant; but, independently of the size, determinations of CA-125 should be always performed; but, an additional concern is about the possibility of elevated levels of CEA, CA 19-9, and CA-125 in mucinous cystadenoma². Extra-large, or giant ovarian cysts, are those tumors with diameters over 15 to 20cm, and their weight may be up to 137.4 kg². Clinically, the diagnosis of a huge abdominal and pelvic mass is challenging, in special if it is concomitant with pregnancy. Therefore, imaging studies are mandatory to make the correct diagnosis, and USG and computed tomography are reliable tools. Unfortunately, in the case herein commented, the concomitance of ovarian cyst with normal pregnancy was not detected early¹.

de Lima et al. described an unsuspected giant ovarian mucinous adenocarcinoma measuring 42x40x28 cm and weighing 40kg, in a 57-year-old Brazilian woman, who was (P8L01A0) and had underwent tubal ligation at the age of 29 years². The patient searched for medical care late in the course, because she considered the abdominal volume due to her overweight. USG and tomography images confirmed the cystic tumor. The level of CA-125 was 374.81 IU/dL; CEA and AFP were normal². Previous diagnosis of malignancy allowed us

to perform the surgical remotion following the respective recommended protocol. She remains asymptomatic for over than a decade, with unremarkable clinical and imaging data, and normal levels of CA-125.

Despite of different histopathology features, the ovarian cysts herein commented developed unsuspectedly to giant volumes. Such examples are more prone to involve people from developing countries, and are often related to low level of general instruction and difficult accessibility to higher levels of medical attention, with specialized and more sophisticated resources. Notwithstanding, case studies have been useful to increase the suspition index of primary care workers about rare conditions.

Conflict of interest

There is no conflict of interest to disclaim.

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