Journal of Surgical Techniques and Procedures

Case Report
Published: 12 Jun, 2024

Torsion of Paraovarian Cystadenofibroma - A Case Report

*Almousa SM[1,2], Altahat DI[1,2] and Athamnah MN[1,2,3]**

[1]Jordan Medical Council, Jordan

[2]Jordan Ministry of Health, Jordan

[3]San Gerardo Hospital, Milano, Italy

Abstract

Introduction: Paraovarian cysts are rare. Complicated Paraovarian cysts can mimic ovarian pathologies. Early diagnosis can save the ovary and surrounding structures.

Case Report: We present a case of Paraovarian rare tumor (Cystadenofibroma), presented as acute abdomen. Surgical excision was needed to reach final histopathological diagnosis.

Discussion: The origin of Cystadenofibroma is not clear. Many theories are suggested as an explanation of this benign tumor. Surgical excision is the treatment of choice. Early recognition and treatment for this pathology leads to better prognosis and less aggressive surgery.

Keywords: Cystadenofibroma; Torsion; Acute Abdomen

Introduction

Paraovarian cyst is not a common cause of abdominal pain. Usually, diagnosis is made intra-operatively. Here we describe a case of Paraovarian cyst complicated by torsion. Diagnosed by histopathology as Cystadenofibroma. Among other causes of lower abdominal pain, preoperative diagnosis of complicated Paraovarian cyst rarely happens. Early diagnosis and proper intervention can save adnexal structures from necrosis.

Case Presentation

Twenty-one-year-old female, married for seven months, nullipara, present to gynecological emergency department complaining of sudden onset lower abdominal pain mainly in Left Iliac Fossa (LIF) for two hours duration. The pain was associated with nausea and vomiting twice. Sharp pain on LIF, no radiation of the pain. No history of vaginal discharge. No constipation, no fever, and no weight loss. On examination the patient is afebrile, vital signs within normal limits and stable. Pregnancy test is negative. Abdominal physical examination shows generalized abdominal tenderness, positive rebound tenderness on LIF. On ultrasound exam there is a left ovarian cystic mass about 7 cm × 7 cm with hyperechoic shadow inside and normal ovarian blood flow on Doppler exam (Figure 1). Computerized Tomography (CT) scan for the patient is ordered. CT scan Showed a left cystic mass between ovary and uterus. No free fluid, no lymphatic enlargement (Figure 2). White blood cells count 16,000. Other blood work-up and investigations are normal. Laparotomy through a lower transverse incision was decided. Findings: Torsion of left Paraovarian tube with large mass looks gangrenous (Figure 3, 4), right ovary and tube are normal. A decision was made to proceed with left salpingectomy and do pelvic cytology. Post-operation, the patient was stable and symptoms free, she was discharged home on post op day two. Histopathology showed a benign serous Cystadenofibroma with extensive hemorrhage and infarction, also hemorrhagic and infarcted fallopian tube. Cytology showed mesothelial cell with evidence of inflammation, negative for malignancy.

Discussion

Paratubal or Paraovarian cysts represents about 10% of all ovarian masses [1,2]. The embryological origin of Paraovarian cysts is believed to be related to the mesothelial covering of the peritoneum. Another theory refers to Paraovarian cysts to have paramesonephric and mesonephric origin. Histologically they are covered by a single layer of ciliated columnar cells. Paraovarian cysts can be encountered at all ages, usually they are encountered in the third and fourth decades [3].

Ovarian torsion is an important gynecological emergency. It is responsible for around 3% of gynecological emergency hospital admission. It mostly occurs in reproductive age, more on right

OPEN ACCESS

Correspondence:
Mohammad N Athamnah, Jordan Medical Council, Jordan Ministry of Health, Jordan,

Received Date: *16 May 2024*
Accepted Date: *07 Jun 2024*
Published Date: *12 Jun 2024*

Citation:
Almousa SM, Altahat DI, Athamnah MN. Torsion of Paraovarian Cystadenofibroma - A Case Report. J Surg Tech Proced. 2024; 8(1): 1068.

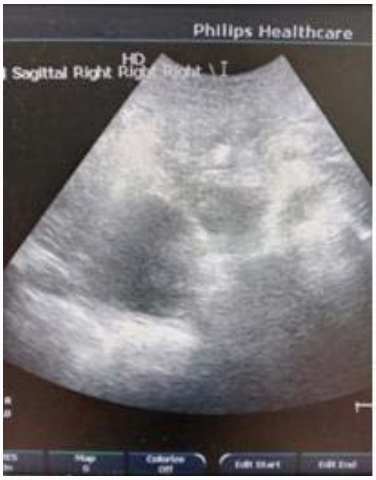

Figure 1: Cyst shadow with normal ovarian blood flow on doppler.

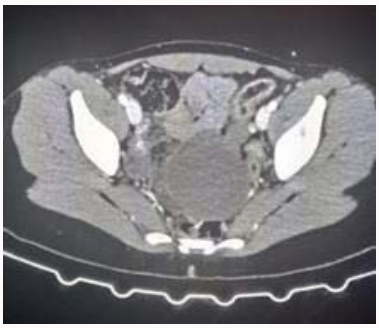

Figure 2: Left Cystic mass seen on C.T scan.

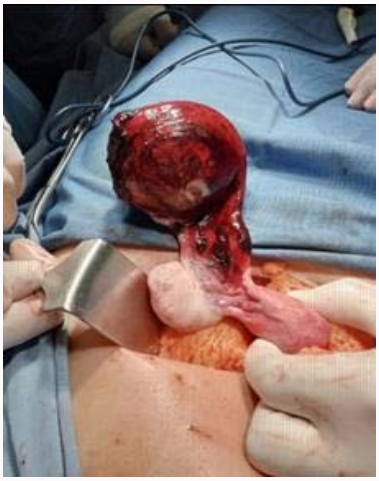

Figure 3: Intraoperative finding of complicated Paraovarian cyst.

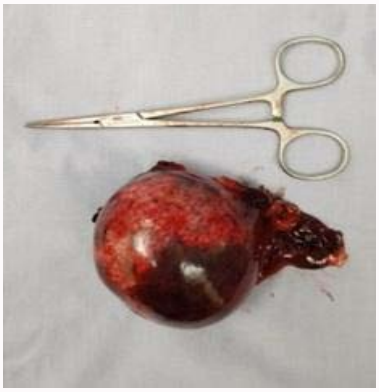

Figure 4: Excised mass with tube.

side, can lead to obstruction of venous and arterial blood flow leading to necrosis, infarction and hemorrhage.

Cystadenofibroma is a rare benign tumor, usually unilateral and asymptomatic. It accounts for 1.7% of all benign ovarian tumors. Mainly seen in women aged 15 to 65 years, contains epithelial and fibrous stromal component. Cystadenofibroma often has multiloculated cystic with solid nodules or papillary projection on surface, 50% of cases has increase vascularity, and must be treated by surgical excision [4].

Final diagnosis for Cystadenofibroma is made after surgery. Symptoms of complicated Paraovarian cysts do not differ from symptoms of other pathologies affecting lower abdomen. Differential diagnosis includes appendicitis, intestinal diseases, colon diseases, kidney and ureter diseases, and other gynecological pathologies. As surgery is the main stay of management, both laparoscopic and open surgery are valid options according to surgeon expertise and preference.

References

1. Ashwal E, Hiersch L, Krissi H, Eitan R, Less S, Wiznitzer A, et al. 'Characteristics and management of ovarian torsion in Premenarchal compared with postmenarchal patients'. Obstet Gynecol. 2015;126(3):514-20.
2. Said MR, Bamigboye V. 'Twisted paraovarian cyst in a young girl'. J Obstet Gynaecol. 2008;28(5):549-50.
3. Genadry R, Parmley T, Woodruff JD. 'The origin and clinical behavior of the Parovarian tumor'. Am J Obstet Gynecol. 1977;129(8):873-80.
4. Wasnik A, Elsayes K. 'Ovarian cystadenofibroma: A masquerader of malignancy'. Indian J Radiol Imaging. 2010;20(04):297-9.