

A 57-kg Tumor

Vandana Y. Bhide, MD, and Nancy L. Dawson, MD

A 59-year-old postmenopausal woman (gravida 2, para 2) presented with a 1-year history of abdominal pain, dyspnea from enlarging abdominal girth, and vaginal bleeding (Figure 1). Computed tomography showed a large, septate, cystic pelvic mass (Figure 2) without ascites, liver metastases, peritoneal seeding, or enlarged pelvic or para-aortic lymph nodes. The cancer antigen 125 level was 119 kU/L, and the carcinoembryonic antigen level was 2.1 $\mu\text{g/L}$. The patient underwent abdominal hysterectomy and bilateral salpingo-oophorectomy. A 48 \times 44 \times 9-cm left adnexal cyst mass, weighing approximately 57 kg, was excised (Figure 3). Pathologic evaluation revealed mucinous ovarian cystadenoma

with histologically normal bilateral fallopian tubes and right ovary and proliferative endometrium without invasive carcinoma. Cystadenomas (also termed borderline ovarian tumors) are ovarian epithelial tumors of low malignant potential. Histologically, they are serous (most common) or mucinous, without stromal invasion. Patients with stage I mucinous cystadenoma have a 97% disease-free 10-year survival and 2% risk of transformation to ovarian cancer.

From the Division of Hospital Internal Medicine, Mayo Clinic, Jacksonville, FL.

ACKNOWLEDGMENT

The authors would like to acknowledge Dr Matthew Robertson for his help in obtaining the images.



FIGURE 1. Patient's abdomen preoperatively.



FIGURE 2. Computed tomographic scan showing large pelvic mass.

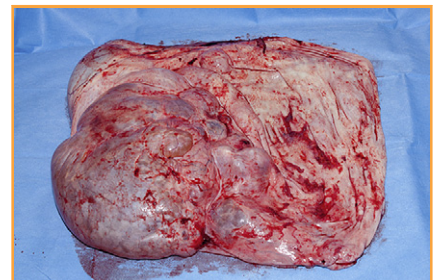


FIGURE 3. Pathologic specimen after fluid removal.