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Case Report

Giant ovarian endometrioma presenting as intestinal obstruction

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ABSTRACT

Ovarian endometriomas, also commonly referred to as chocolate cysts are seldom found in postmenopausal women. Ovarian endometriomas rarely exceed 10-15 cm in diameter. Its symptoms are non-specific and presentation as acute intestinal obstruction is extremely rare. The present case is of a 66 years old postmenopausal female who presented with symptoms of acute intestinal obstruction. On investigation she was detected with a large right ovarian mass occupying almost entire abdominal cavity and adherent to appendix. She underwent exploratory laparotomy with complete excision of mass and appendicectomy.

Keywords: Endometrioma, Chocolate cyst, Intestinal obstruction

INTRODUCTION

Endometriosis is characterised by presence of endometrial tissue outside the uterus. It is oestrogen dependent, hence usually found in premenopausal women.[1] In women of reproductive age its incidence is up to 10%. However, in post-menopausal women, due to decreased levels of oestrogen, incidence falls to 2.55%.[2] Endometriotic lesions are of three distinct varieties: peritoneal, ovarian and recto-vaginal. Of these, ovarian is the most common one.[3]

Presentation of large ovarian endometrioma can be varied and pose a clinical dilemma. Sometimes symptoms may be due to the pressure effect of the mass.

Here we present a case of 66 years old, postmenopausal, multipara patient with a giant right ovarian endometrioma. Her presenting symptoms were of intestinal obstruction. She underwent exploratory laparotomy with complete excision of mass.

Such a large ovarian endometrioma presenting with features of intestinal obstruction, in a post-menopausal patient is an extremely rare finding, with only a handful cases being reported in literature.

CASE REPORT

A 66 years old woman presented to emergency with symptoms of vomiting immediately after ingesting food and not passing motion or flatus since two days. She also had lower abdominal fullness since last three months which she had ignored. On examination, she had a large palpable lower abdominal mass which was extending above umbilicus. The bowel sounds were absent and she had tachycardia. A CT scan was done which showed a large right ovarian cystic mass occupying most of the abdominal cavity. Its margins were smooth apart from being adherent to appendix at one site (Figure 1). Decision was taken to proceed with exploratory laparotomy. Intraoperatively a large right ovarian cystic mass filled with dark brownish fluid was present (Figure 2). Its pedicle was oedematous and appendix was found adhered to it.

Mass was excised in toto and appendicectomy was also done. Mass measured 18×20 cm and weighed over 6 kg (Figure 3 A and B).

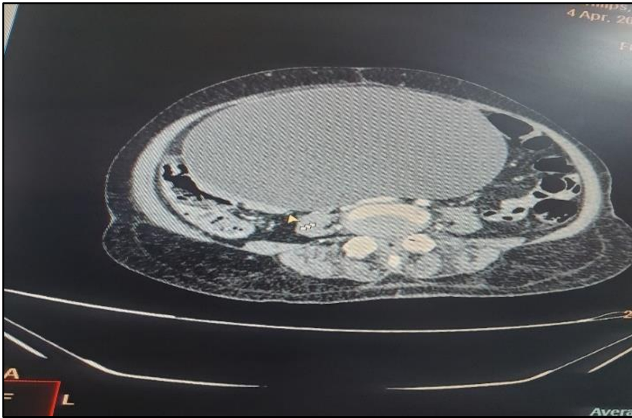

Figure 1: CT section showing large right ovarian mass occupying almost entire abdominal cavity. Appendix is adhered at the point marked by the arrow.

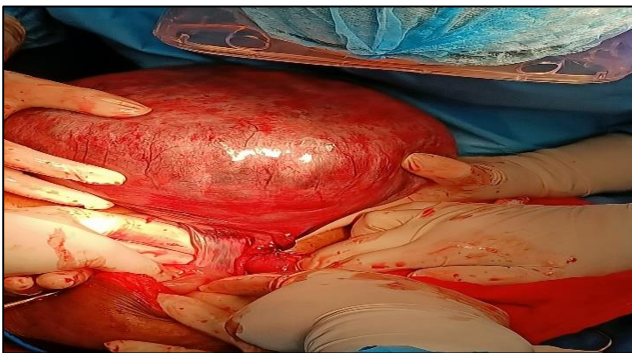

Figure 2: Entire cystic mass being mobilised and excised.

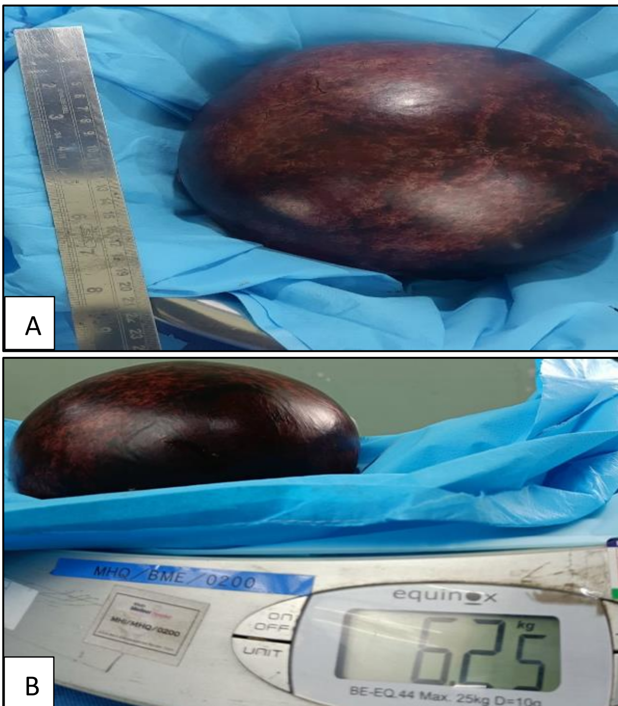

Figure 3 (A and B): Excised specimen 18 cm in diameter. Excised specimen weighing 6.25 kgs.

Patient was stable in postoperative period. She was started on liquids on first post-operative day and soft diet from next day. Her intra-abdominal drain was removed on third post-operative day and she was discharged on 5th postoperative day. Pathology report showed endometriotic cyst with no malignant changes. Her tumour markers were also negative.

On her first follow up visit after a week patient was totally asymptomatic and her wound had completely healed.

DISCUSSION

Endometriosis being an oestrogen dependent condition is commonly associated with women of reproductive age group. However, in some instances it is also seen in post-menopausal women.[2] In a study done to determine the frequency of endometrioma in women over 40 years of age who were operated for adnexal mass it was found that endometriomas form 27.2% of ovarian masses in women older than 40 years old, and only 4.3% of the ovarian pathologies in the sixth decade of life. Same study also showed that Endometrioma-associated ovarian tumours developed in nearly 11% of women with endometrioma.[4]

Endometrioma in post-menopausal women can be due to production of oestrogen from skin and fatty tissue or from an external source like oestrogen replacement therapy.[2] Prolonged oestrogen replacement therapy has shown to increase of endometrial cancer by tenfold.[5] However, in the present case patient had not received any hormone replacement therapy. She also didn’t have any previous history of endometriosis.

Diagnosing ovarian endometrioma pre operatively in post-menopausal patient with large ovarian mass is difficult. More common conditions for this age like serous cystadenomas are considered.4

There are not many distinct radiological features characteristic of endometriomas. A study of preoperative CT scans of 328 patients with 410 ovarian masses (54 patients with 62 pathologically proved endometriomas and 274 patients with 348 pathologically proved other ovarian masses) showed a hyperdense focus inside an ovarian cyst is suggestive of endometrioma (Sensitivity-15%, specificity-100%).[6]

Even though aromatase inhibitors have been considered as potential treatment for postmenopausal endometriosis, surgery is preferred in this population of patients due to the risk of cancer development.[7]

CONCLUSION

Ovarian endometrioma or “chocolate cyst of ovary” can occur at any age. A high degree of clinical suspicion should be kept in mind in such cases. It might not be always possible to diagnose the condition pre-

operatively. If the lesion has attained such large size, then surgery is the treatment of choice.

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