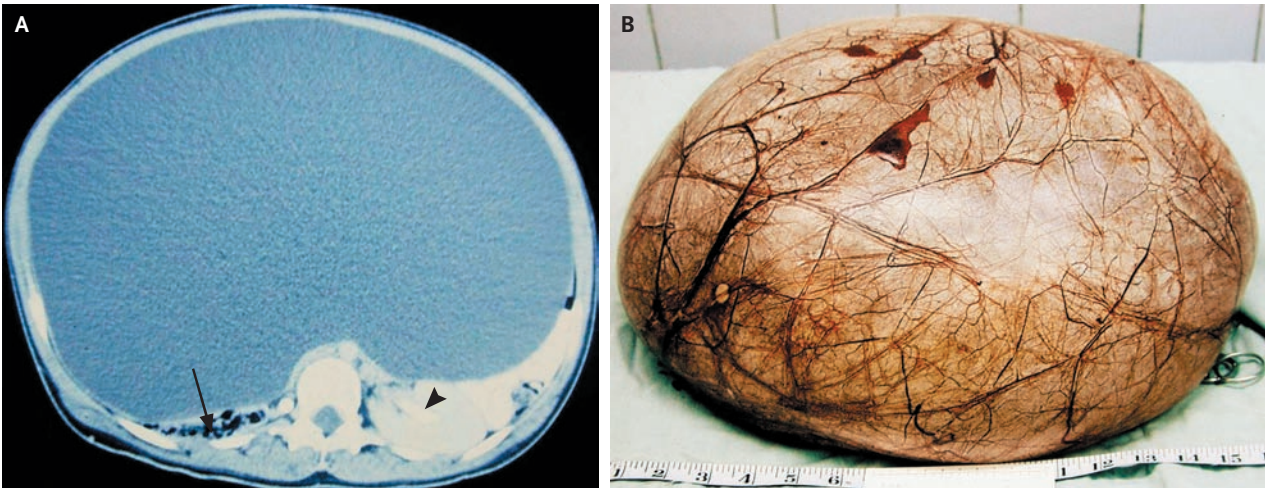


## IMAGES IN CLINICAL MEDICINE

## Giant Ovarian Cyst



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**A** 24-YEAR-OLD WOMAN (GRAVIDA 0, PARA 0) PRESENTED WITH A HISTORY of progressive abdominal distention during the previous year, accompanied by early satiety and constipation. There was no history of menstrual abnormality, pelvic pain, or urinary frequency. She had had poliomyelitis approximately 18 years earlier and still used crutches for walking. Computed tomography of the abdomen revealed a large, well-encapsulated mass that filled the entire abdominal cavity (Panel A); the scan also showed posterior compression of the bowel (arrow) and of the left kidney (arrowhead). Exploratory laparotomy revealed a large cystic mass arising from the right adnexa; the left adnexa were normal. A right salpingo-oophorectomy was performed, and a cystic mass measuring 37 by 22 by 27 cm with a smooth, glistening wall was removed (Panel B). Pathological examination confirmed that the cyst was a benign serous cystadenoma, characterized by a single layer of ciliated columnar epithelial cells and stroma containing spindly fibroblasts; nuclear atypia and increased mitotic index were not observed. The patient recovered completely and was discharged within a week after surgery.

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