

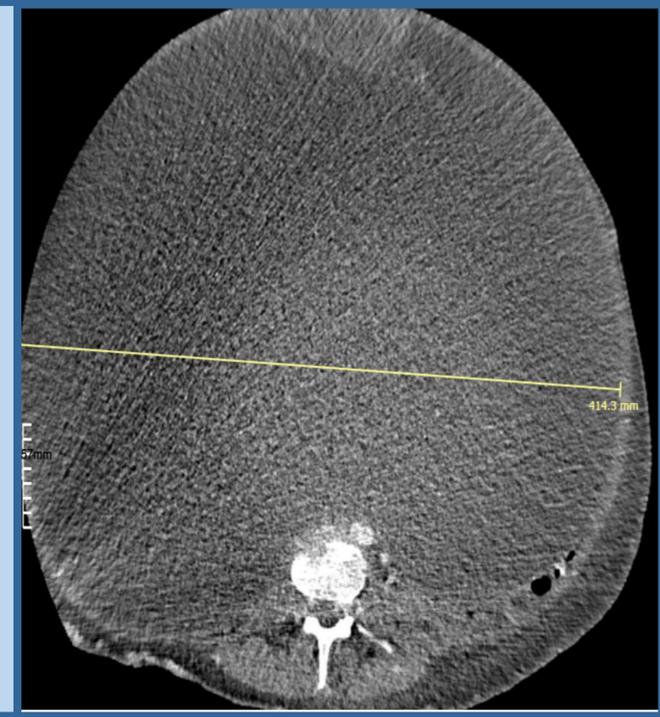
SURGICAL MANAGEMENT OF A GIANT OVARIAN MUCINOUS CYSTADENOCARCINOMA: A CASE REPORT



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INTRODUCTION

Mucinous ovarian cystadenocarcinomas are rare malignant epithelial tumors arising from the Müllerian epithelium, representing approximately 10–15% of all epithelial ovarian cancers. They are typically multilocular cystic masses, filled with viscous mucin, that occur mainly in middle-aged or postmenopausal women. Clinical presentation of these tumors is usually non-specific, with abdominal distention, bloating, or pain, weight changes, leading to delayed diagnosis. Surgical excision remains the cornerstone of treatment, complemented by oncological evaluation and adjuvant chemotherapy depending on the tumor stage.



DISCUSSION

Mucinous cystadenocarcinomas may reach massive dimensions before detection due to their indolent growth and nonspecific clinical presentation. Emergency presentation can occur from rapid enlargement, rupture (leading to pseudomyxoma peritonei) or compression of adjacent organs. Huge ovarian masses are mostly benign, but malignancy should be ruled out by investigations and clinical assessment. Histopathological and immunohistochemical evaluation are crucial for diagnosis, tumor grading, and guidance of adjuvant therapy. Advanced stage mucinous carcinoma of the ovary is very rare and is associated with poor overall survival. **Complete surgical excision** is essential to prevent perforation and spillage of the cyst fluid into peritoneal cavity, followed by individualized oncological management.



CASE PRESENTATION

A **55-year-old woman**, presented to the emergency department complaining of abdominal pain and progressive distention over two months. Laboratory tests revealed elevated inflammatory markers (WBC: 13.5000) and imaging findings (Computer Tomography) demonstrated a massive **cystic mass (45cm × 40 cm × 30 cm) arising from the right ovary**. She underwent emergency exploratory laparotomy, during which a cystic mass occupying the entire abdominal cavity was identified, which was completely excised along with right oophorectomy. On the first postoperative day, due to hemodynamic instability and a drop in hematocrit, re-exploratory laparotomy was performed, revealing diffuse peritoneal oozing successfully managed with hemostasis. The postoperative course was uneventful, and the patient was discharged after 20 days, in good general condition. Histopathological examination confirmed a grade 1 mucinous ovarian cystadenocarcinoma (pT1a). Three months later, total hysterectomy with bilateral salpingo-oophorectomy and omentectomy were performed as definitive oncological management, with no residual or metastatic disease. Adjuvant therapy was not required. At one-year follow-up, the patient remained in good condition with no evidence of tumor recurrence.



CONCLUSIONS

Giant cystadenocarcinomas of the ovary are rarely described. Mucinous ovarian cystadenocarcinomas are uncommon but potentially aggressive malignancies. Early detection, radical excision, meticulous operative technique and multidisciplinary approach ensures accurate diagnosis, proper staging, and long-term disease control.

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