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From Pelvis to Liver: Ultrasound Diagnosis of a Giant Ovarian Malignancy

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Introduction.

A 44-year-old woman presented to the internal medicine emergency department with chronic abdominal pain and progressive abdominal distension persisting for several months. Laboratory tests revealed elevated liver transaminase levels; the patient had previously been treated with thymonacic (thioctic acid). She was referred for gynecological consultation; however, gynecological examination was not performed due to lack of consent (virgo).

Ultrasound findings.

Transabdominal ultrasound demonstrated a large cystic mass originating from the genital tract, extending cranially to the level of the xiphoid process, with maximal dimensions of 21.9 × 10.5 cm (Fig. 1, 2). The mass was also palpable on physical examination. Both kidneys appeared normal on ultrasound, with no signs of urinary tract obstruction or hydronephrosis.

Expanding diagnostics.

To further characterize the lesion, contrast-enhanced computed tomography was performed. CT revealed a large cystic abdominal mass extending from the pelvis to the left hepatic lobe, measuring 22 × 13 × 25 cm, with an enhancing wall. Free fluid was present around the liver, spleen, right flank, and in the Morrison’s pouch.

The mass exerted pressure on and displaced the intestinal loops. Additionally, a second heterogeneous mass was identified in the region of the left ovary, measuring 8.5 × 6.6 × 5.7 cm, containing multiple hypodense areas with peripheral enhancement.

Management.

The patient was qualified for total hysterectomy with bilateral salpingo-oophorectomy and removal of both ovarian tumors. Histopathological examination revealed bilateral serous carcinoma of the ovaries.

Future management.

Subsequent oncological management was conducted according to current guidelines.

Conclusion.

This case highlights the essential role of ultrasonography in the initial detection of extensive neoplastic lesions within the abdominal cavity and pelvis, enabling prompt diagnostic stratification and appropriate referral for further management.

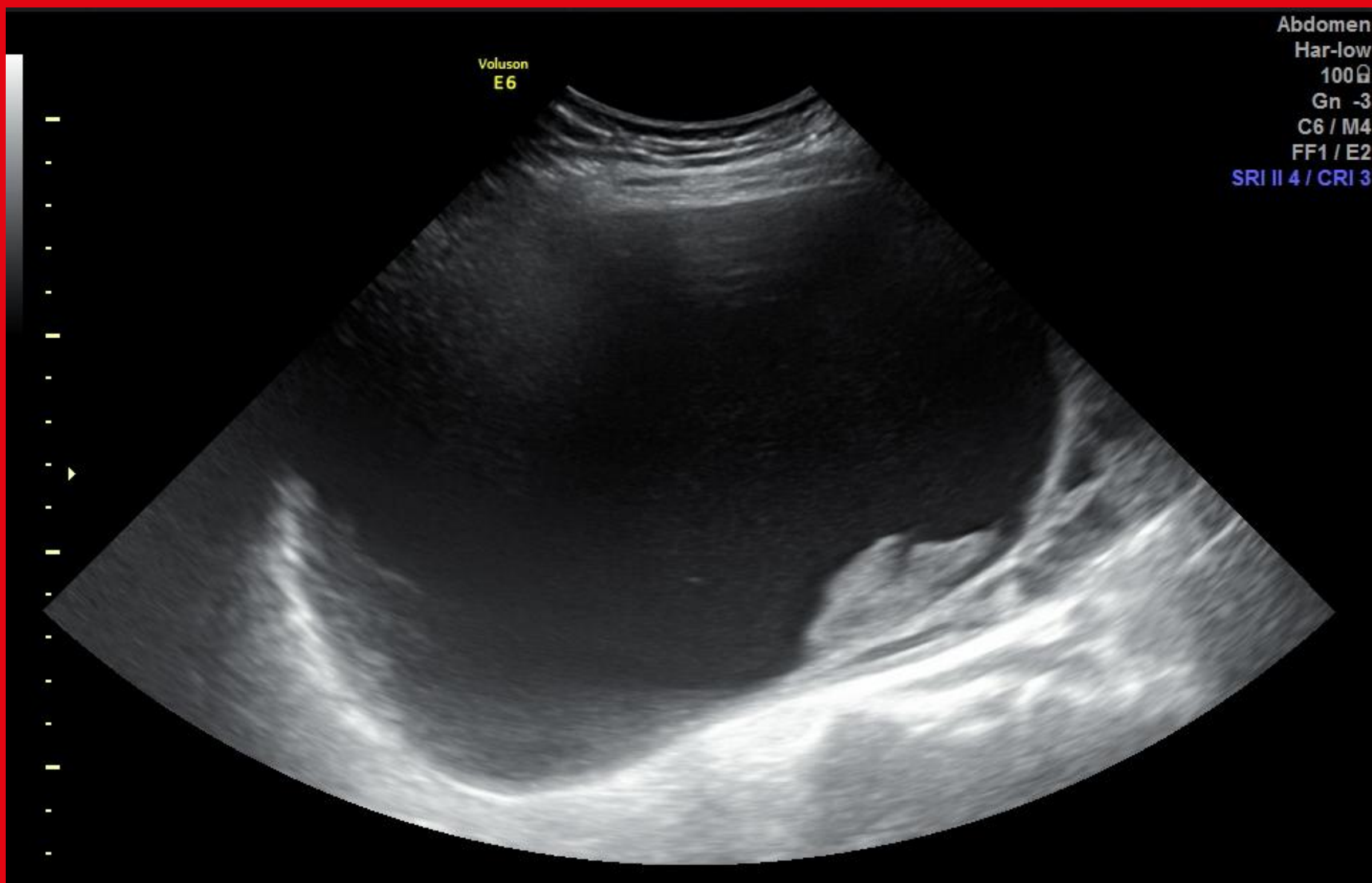


Figure 1. Picture of the large, cystic mass in the abdomen.

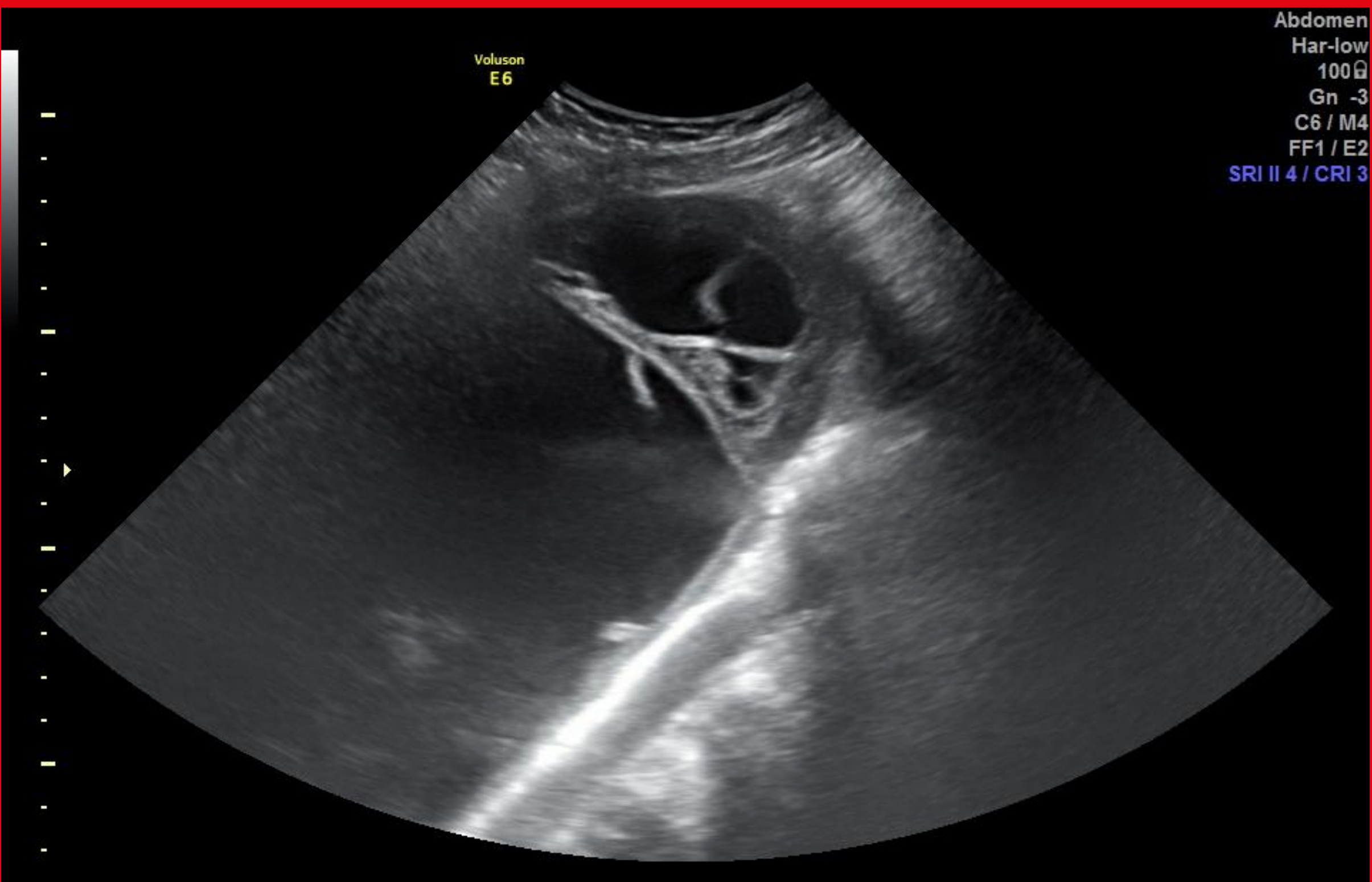


Figure 2. Picture of the large, cystic mass in the abdomen.