



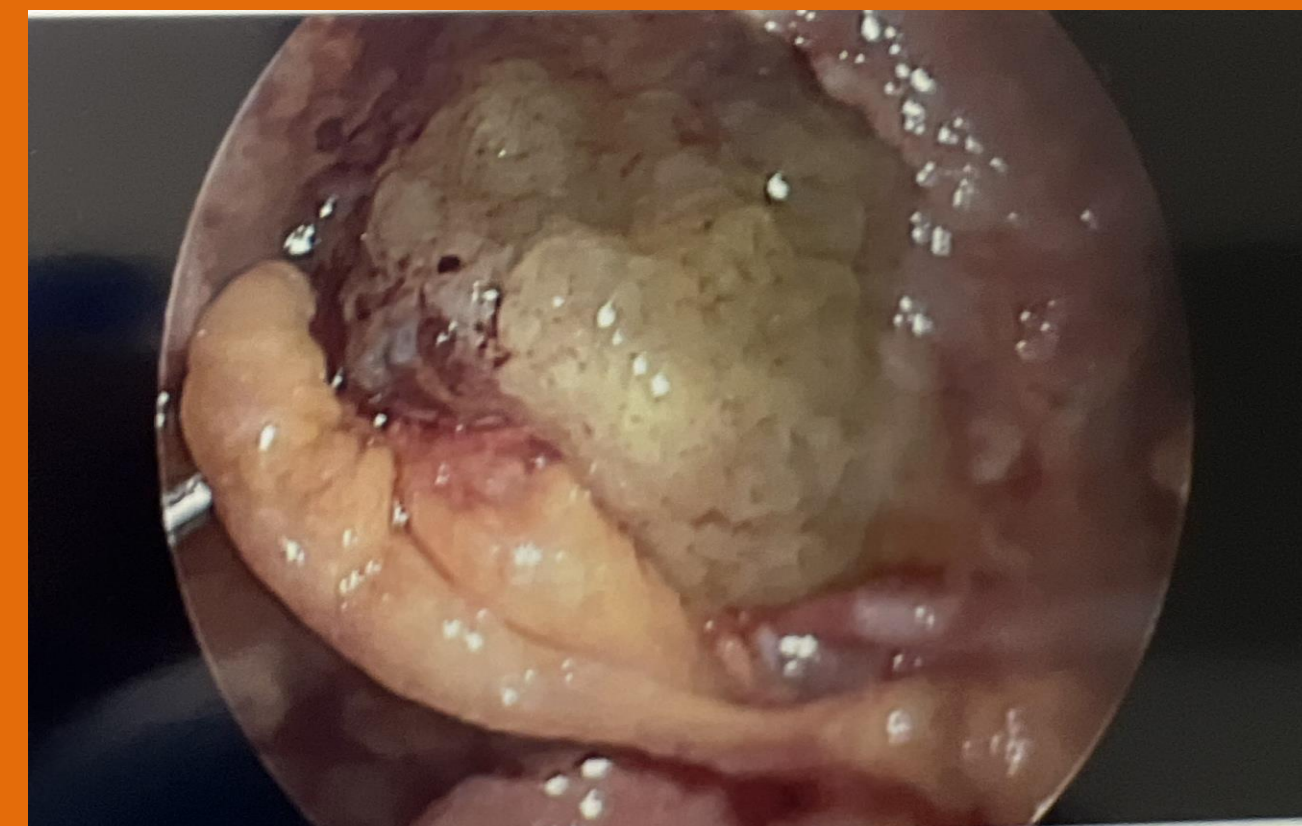
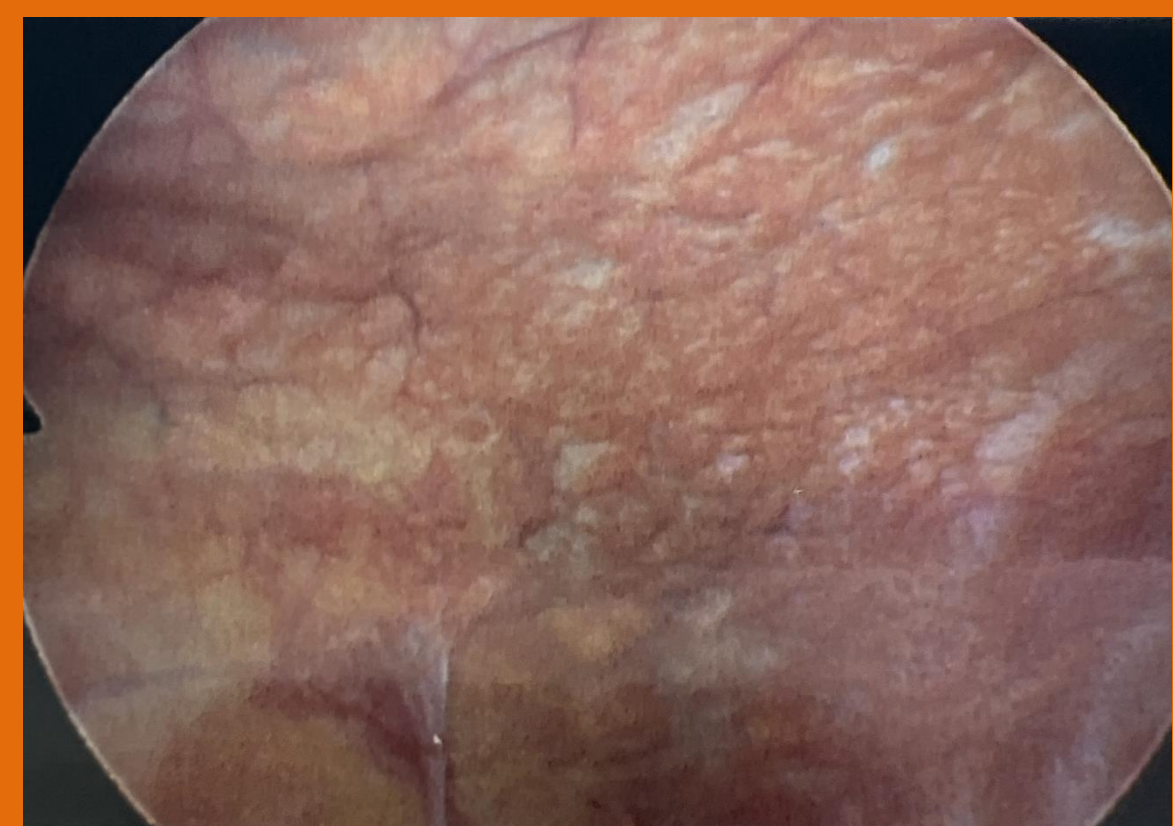
Case of Pseudomyxoma peritonei noted at laparoscopy for ovarian cyst.  
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**Objective:** To present a case of pseudomyxoma peritonei diagnosed in 58 year woman at laparoscopy for ovarian cystectomy.

**Discussion :** Pseudomyxoma peritonei is a rare, borderline malignant, slowly progressing tumour that arises from the appendix or bowel and spreads throughout the peritoneal cavity, producing a large amount of mucus. Due to its indolent behavior, pseudomyxoma peritonei is often discovered incidentally with a relatively advanced stage during laparoscopy, laparotomy or imaging studies.

**Case report :** 55 year woman referred to 2 week wait clinic with episodic suprapubic pain. Has mirena coil insitu with no post coital bleeding or intermenstrual bleeding. Examination was unremarkable, Transvaginal scan showed 3 cm complex right multi loculated ovarian cyst of indeterminate origin, Ca125 was normal at 28. Target MRI showed a 10 cm collection of fluid or cyst behind the uterus. In view of normal Ca125 and MRI report, plan made for follow up scan in 3 months time. Follow up scan showed the 8 cm collection behind the uterus. She had further follow up scans all showing complex cystic structure of 10 cm behind the uterus over next 2 years. She continued to be symptomatic and was listed for laparoscopy +- laparotomy for removal of 10 cm cystic swelling / fluid collection in pouch of douglas. Surgical assistance requested in view of proximity to bowel. At laparoscopy on entry, diffusely spread mucous noted in abdomen and pelvis. Surgical assistance requested and a large mucinous tumour originating from middle of appendix identified. Uterus, both tubes and ovaries were noted to be normal. Mucous sample, peritoneal biopsy and sigmoid epiploic appendage biopsy sent for histology. Differential diagnosis were ruptured mucocele or mucinous pseudomyxous tumour. Referred to Basingstoke hospital. Histology features consistent with pseudomyxoma peritonei. Colonoscopy showed diverticular disease but no other abnormalities. Further imaging and MDT review, plan made for cytoreductive surgery and hyperthermic intraperitoneal chemotherapy. The surgery involved large midline incision, excising umbilicus, right and left parietal peritonectomy, pelvic peritonectomy, right and left diaphragmatic peritonectomy, right and left liver capsulectomy, cholecystectomy, radical appendicectomy, total abdominal hysterectomy, bilateral salpingo oophorectomy, splenectomy, greater and lesser omentectomy. Followed by perfusion of the abdomen with mitomycin C heated to 43 degrees celsius for one hour. She recovered well post operatively.



**Conclusion :** Important to consider differential diagnosis of pseudomyxoma peritonei especially in presence of complex cystic mass, normal Ca125 and non specific symptoms of abdominal pain, presence of pelvic mass, abdominal distention.