



Ovarian Remnant Cyst

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Objectives

Symptomatic ovarian remnant cyst is a very rare presentation with fewer than 100 cases reported so far in the literature. [1]

Case Report

- A 75-year old lady who had a total abdominal hysterectomy with bilateral salpingo-oophorectomy around 20 years ago for endometriosis, presented with worsening lower abdominal pain which worsened sometimes with bowel opening along with symptoms of sciatic on right side for the last 4 years.
- She had 2 children, both born vaginally and no history of previous abdominal or pelvic surgery and no STI. No operation notes were available as it was done at a separate trust.
- An USS showed right sided simple ovarian cyst of the volume 7cm³. MRI pelvis confirmed the finding, and showed the cyst at closer proximity to the ureter. Ca 125, AFP,LDH were all below the normal range.
- Patient was consented for laparoscopic cyst drainage/partial excision in view of avoiding ureteric injury if complete cystectomy is attempted. Laparoscopically, the cyst was found to be on the left side but adherent with the colon.
- Simple adhesiolysis was done, enough to create a plane for drainage and extraction of a cyst wall sample for biopsy. Pertitoneal washings were sent off for histology as well.

Discussion

- Possible causes of ovarian remnant includes dense adhesions in abdomen due to chronic infection or inflammation which can make complete oophorectomy difficult.[2][3]
- Other cause can be part of the ovarian tissue being caught under the tissue clamps during hysterectomy.

Conclusion

- Accounting for the differential diagnosis of symptomatic ovarian cyst after TAH+BSO.
- Imaging with tumour markers are useful in planning for an appropriate management.

Take Home Message

- Rare presentation
- Careful clamping of IP ligament in case of open hysterectomy
- Avoiding ureteric injury
- Sample sent for histopathology

References:

[1] Fleischer AC, Tait D, Mayo J, Burnett L, Simpson J. Sonographic features of ovarian remnants. J Ultrasound Med. 1998 Sep;17(9):551-5. doi: 10.7863/jum.1998.17.9.551. PMID: 9733172.

[2] Rana N, Rotman C, Hasson HM, Redwine DB, Dmowski WP. Ovarian remnant syndrome after laparoscopic hysterectomy and bilateral salpingo-oophorectomy for severe pelvic endometriosis. J Am Assoc Gynecol Laparosc. 1996 May;3(3):423-6. doi: 10.1016/s1074-3804(96)80075-2. PMID: 9050667.

[3] Magtibay PM, Magrina JF. Ovarian remnant syndrome. Clin Obstet Gynecol. 2006 Sep;49(3):526-34. doi: 10.1097/00003081-200609000-00012. PMID: 16885659.