

Managing a Giant Ovarian Cyst: Challenges and Surgical Considerations

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Objective

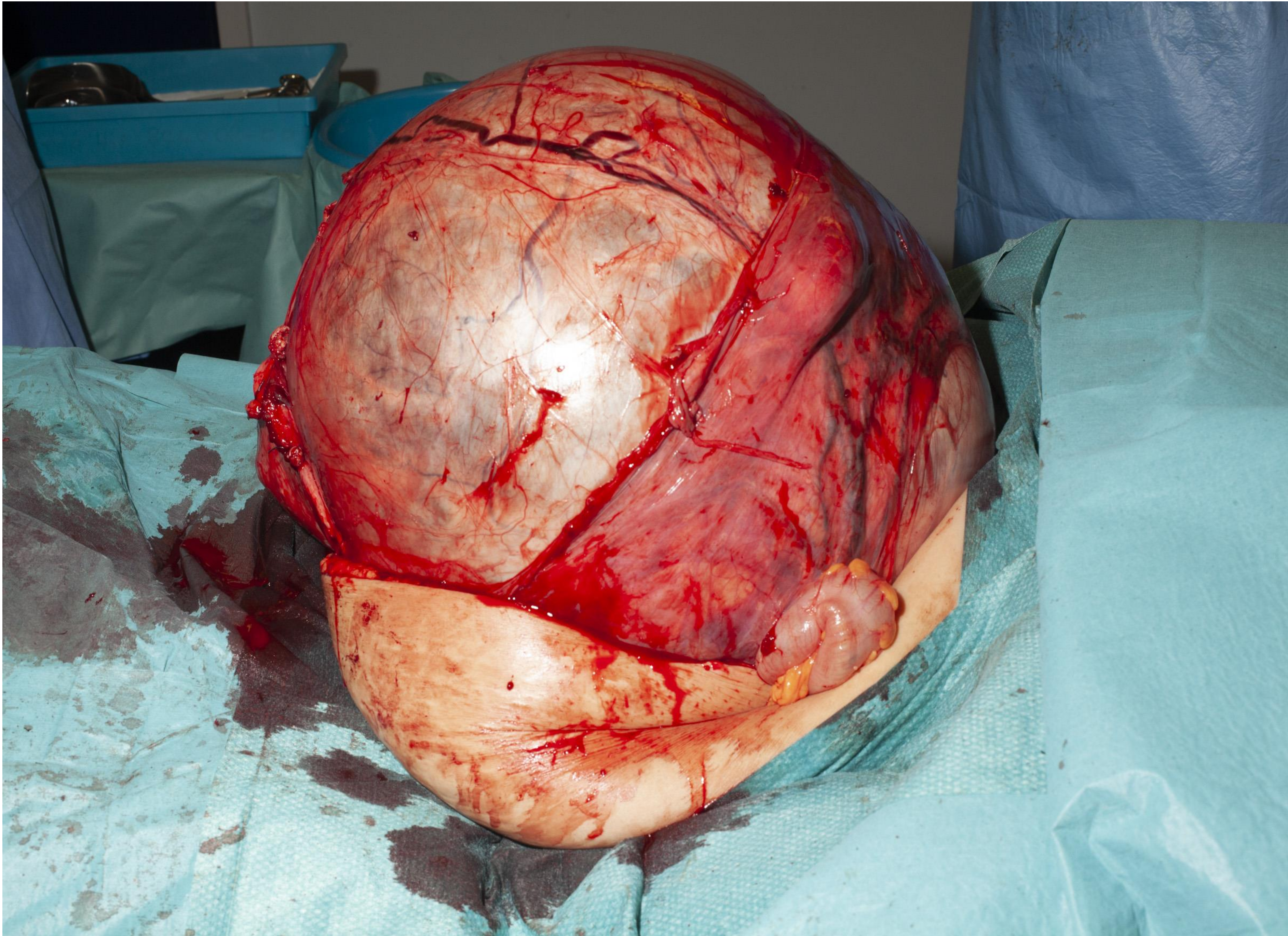
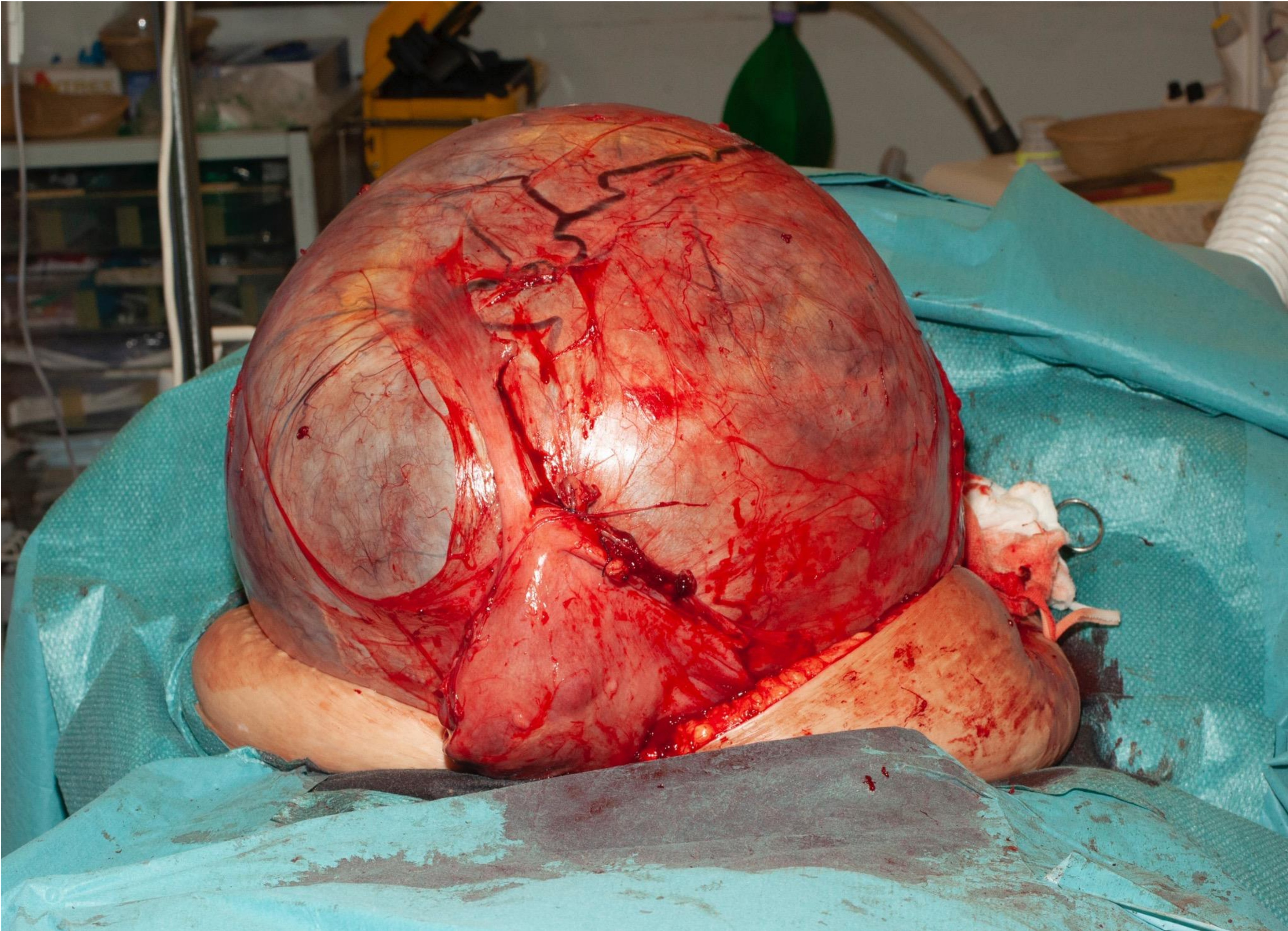
Giant ovarian cysts present diagnostic and management challenges
Imaging and tumour markers may not reflect complexity
This case highlights surgical and follow-up challenges

Case Presentation

40-year-old with progressive abdominal distension
Imaging: Left multi-septated ovarian mass
Normal tumour markers
MRI showed no malignancy
MDT recommended surgery
Delay due to follow-up gaps

Discussion

Size and adhesions increase surgical complexity
Benign markers ≠ absence of risk
Histopathology definitive diagnosis
MDT planning essential for safe outcomes
Poor follow-up delayed care and highlighted need for better engagement



Surgical Management

Midline laparotomy revealed a 50 cm left ovarian cyst
Extensive adhesions to pelvic organs and bowel
Adhesiolysis, left salpingo-oophorectomy, washings and omental biopsy
Intact cyst removal avoided spillage
Histology: benign mucinous cystadenoma
Uneventful recovery

Conclusion

Individualised approach essential
Multidisciplinary management optimises outcome
Balance monitoring with timely surgery for relief and diagnosis
Need strategies to improve follow-up and patient engagement
Advances in imaging and stratification will aid decisions