

Massive Serous Cystadenofibroma with Umbilical Endometriosis in a Morbidly Obese Patient Presenting as Acute Respiratory Compromise



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Introduction

Giant ovarian cysts (>10 cm) are rare in high-income countries (1). Serous cystadenofibromas are uncommon benign tumours, often radiologically indistinct from malignancy (2). Morbid obesity compounds diagnostic, surgical, and anaesthetic risks (3).

Case Summary

A woman in her 50s (BMI 62.7) presented with a 2-month history of abdominal distension, pelvic pain, and worsening orthopnoea. CT revealed a 40×31×31 cm complex ovarian mass with elevated CA-125 (425 U/mL), raising malignancy concerns. Comorbidities included hypertension, hypothyroidism, PCOS, fibromyalgia, and chronic ulcers. Respiratory compromise necessitated urgent surgery.

Management

After MDT planning and optimisation, she underwent laparotomy with:

- Controlled cyst drainage (approx. 36L endometriotic fluid)
- Total Abdominal Hysterectomy with Bilateral Salpingo-Oophorectomy
- Infracolic omental biopsy
- Umbilical hernia repair

Despite intraoperative anaesthetic challenges, surgery was uneventful. Blood loss approx. 1L

Outcome

Postoperative recovery in HDU was uncomplicated. Histology confirmed **benign serous cystadenofibroma with umbilical endometriosis**. CA-125 elevation was attributed to endometriosis. She was discharged from gynae-oncology care.

Discussion

- Cystadenofibromas can mimic malignancy on imaging.
- CA-125 lacks specificity in endometriosis.
- Obesity heightens perioperative risks, including poor ventilation, infection, and thromboembolism.
- Large cysts exacerbate respiratory compromise via diaphragmatic splinting.
- Open surgery remains preferred for giant masses to prevent rupture and ensure staging.

Learning Points

- Giant ovarian masses may present with acute respiratory symptoms, particularly in obese patients.
- CA-125 should be interpreted cautiously, especially with endometriosis.
- Multidisciplinary perioperative planning is essential in multimorbid cases.
- Controlled cyst decompression aids access and reduces incision size.
- Laparotomy is the safest approach for staging and mass removal in such complex presentations.

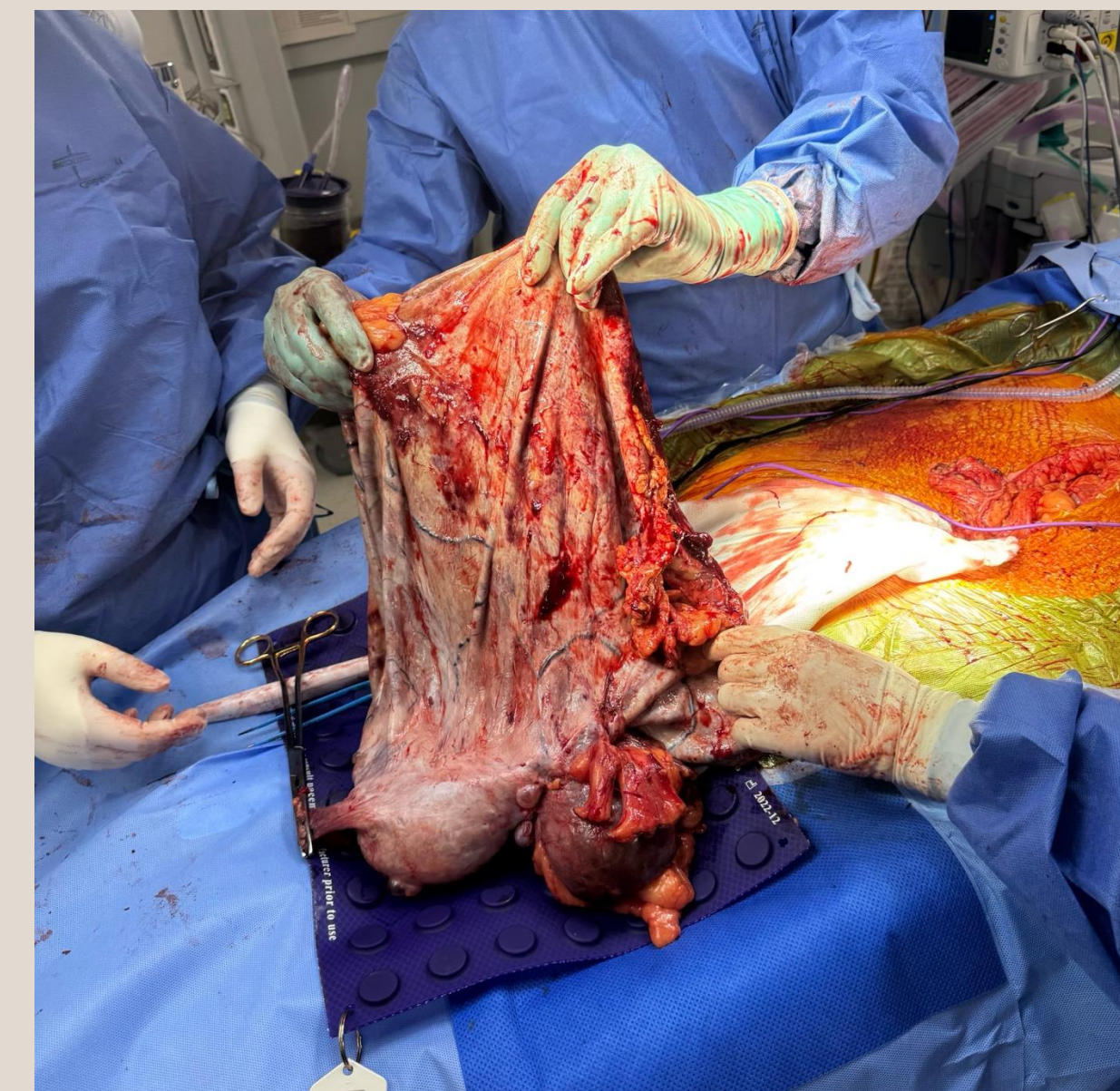


Figure 1 post-drainage appearance of the cyst



Figure 2 Approx. 36 litres of fluid drained from the cyst

References:

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