

DOI: <https://dx.doi.org/10.18203/2320-1770.ijrcog20251606>

## Case Report

# Huge serous cystadenoma in a postmenopausal woman: a case report

Mamta Agarwal\*, Saurabh Jindal

Jindal Gastro Liver and Maternity Centre, Moradabad, Uttar Pradesh, India

**Received:** 07 April 2025

**Revised:** 13 May 2025

**Accepted:** 14 May 2025

### \*Correspondence:

Dr. Mamta Agarwal,

E-mail: [drmamtaagarwalmbd@gmail.com](mailto:drmamtaagarwalmbd@gmail.com)

**Copyright:** © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

## ABSTRACT

Ovarian tumors have been classified into three main groups: epithelial, stromal and germ cells tumors on the basis of their origin. Epithelial tumors are the most common type accounting for about 60% of all the ovarian tumors in adult. Serous and mucinous tumors are the most common epithelial tumors occurring in women at age group 60-70 years. Giant ovarian tumors have become rare because of the early detection of adnexal pathology with the advent of routine imaging modalities in the recent era of medical practice. In previous studies, large or giant ovarian cysts were described as cysts measuring more than 10 cm in diameter in a radiological scan or those cysts reaching above the umbilicus.

**Keywords:** Benign, Malignant, Postmenopausal women

## INTRODUCTION

Serous cyst adenoma is a cystic ovarian tumor containing a serous fluid and a solid-tissue component. This tumor is a benign form, presenting as a cystic unilocular or a multilocular ovarian mass with a thin wall and minimal papillary projections.<sup>1</sup> Giant ovarian tumors have become rare because of the early detection of adnexal pathology with the advent of routine imaging modalities in the recent era of medical practice.<sup>2,3</sup> In previous studies, large or giant ovarian cysts were described as cysts measuring more than 10 cm in diameter in a radiological scan or those cysts reaching above the umbilicus.<sup>2</sup> Cystadenoma, adenofibroma, and surface papillomas are the benign serous tumors. These tumors occur in about 25% of all benign ovarian neoplasms and in 58% of all ovarian serous tumors.<sup>3</sup> Serous tumors are commonly seen during the reproductive period and 50% of them occur before the age of 40 years. Most of these cysts are benign, with a chance of malignancy being only 7–13% in premenopausal and 8–45% in postmenopausal women.<sup>4,5</sup> Huge size ovarian serous cystadenomas are rare. In the literature, a few cases of giant ovarian cysts have been mentioned sporadically, primarily in elderly patients.

We report a case of 63-year-old postmenopausal woman who was diagnosed with a right ovarian benign serous cystadenoma size 18.5×18×12 cm, volume approximately 2200 cc.

## CASE REPORT

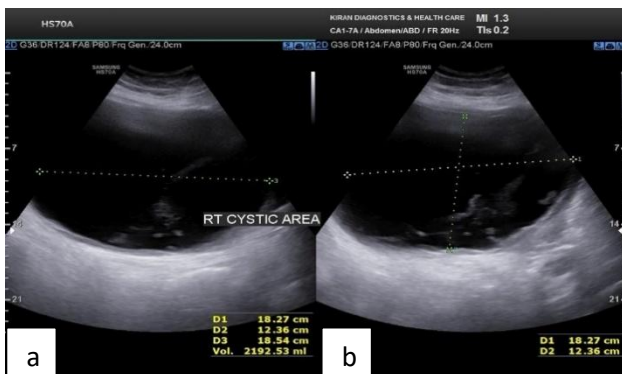
A 63 years old female patient presented at our centre with the history of abdominal distention for 1 year and abdominal discomfort on and off since 4-5 years. She was para 2 live 2 with both caesarean deliveries. She had abdominal hysterectomy 25 years back for fibroid uterus along with abdominal wall hernia repair. The status of b/l ovaries was not clear as no record was available. She was a known case of DM and HT and was on irregular treatment. There was no family history of ovarian, bowel or breast cancer.

On examination she was obese and pale. Her blood pressure (BP) was 130/90, pulse rate (PR) 110/ min, and SpO<sub>2</sub> was 98%. Abdomen was grossly distended with healthy vertical scar of previous surgeries. Among lab reports Hb–9 gm%, TLC–32300/dl, S. CEA–0.89, S. CA125–189.8 u/ml, and S. creatinine–2.27. Ultrasonography (USG) showed a large homogenous

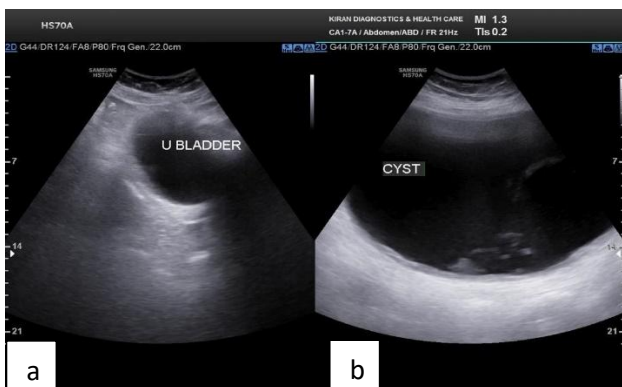
encysted fluid collection without any solid component (maximum measurable size 18.5×18×12 cm, volume approximately 2200 cc) extending into right lower abdomen suspicious of mesenteric ovarian cyst. Laparotomy was done. A huge cyst occupying almost whole abdomen, originating from right ovary was found. Nearly 2 litres clear fluid drained from cyst and right oophorectomy with cystectomy was done. left sided ovary was absent. Postop period was uneventful. Histopathological examination (HPE) confirmed benign serous cystadenoma.



**Figure 1: Gross picture of the specimen.**



**Figure 2 (a and b): USG of RT cystic area.**



**Figure 3 (a and b): USG U Bladder and cyst.**

## DISCUSSION

The incidence of giant ovarian tumors has become rare in our clinical practice as most of the cases are diagnosed earlier due to increased awareness among general people as well as with the advancement of imaging modalities. Serous cystadenoma is a benign ovarian tumor. It is an uncommon ovarian tumor in adolescent age group and rare in children. They are the most common tumor in women at fourth or fifth decades of life. Ovarian serous cystadenoma primarily occurs unilaterally. Only 10% cases of all serous tumors are bilateral and about 20-25% are malignant.<sup>3</sup>

Adnexal cysts that measure >10 cm in diameter are considered giant cysts and are usually benign. Histopathological analysis of these cysts typically reveals either serous or mucinous cystadenomas.<sup>5</sup>

## CONCLUSION

We presented a case of huge ovarian serous cystadenoma in an elderly patient which has been rare these days due to great success achieved in the context of imaging modalities.

*Funding: No funding sources*

*Conflict of interest: None declared*

*Ethical approval: Not required*

## REFERENCES

1. Diamantopoulou S, Sikiotis K, Panayiotides J, Kassanos D. Serous cystadenoma with massive ovarian edema. A case report and review of the literature. Clin Exp Obstet Gynecol. 2009;36(1):58-61.
2. Agrawal SP, Rath SK, Aher GS, Gavali UG. Large ovarian tumor: a case report. Int J Sci Study. 2015;3(3):143-5.
3. Sujatha VV, Babu SC. Giant ovarian serous cystadenoma in a postmenopausal woman: a case report. Cases J. 2009;2:7875.
4. Dey M, Pathak N. Giant serous papillary cystadenoma. Med J Armed Forces India. 2011;67(3):272-3.
5. Alobaid A, Memon A, Alobaid S, Aldakhil L. Laparoscopic management of huge ovarian cysts. Obstet Gynecol Int. 2013;2013:380854.

**Cite this article as:** Agarwal M, Jindal S. Huge serous cystadenoma in a postmenopausal woman: a case report. Int J Reprod Contracept Obstet Gynecol 2025;14:2014-5.