AN INTRAABDOMINAL TROUBLEMAKER: ENDOMETRIOMA

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SUMMARY

A huge endometrioma presenting as an intraabdominal mass was confused with a malignant tumor in a 44 year old woman. The computed tomographic and ultrasonographic findings of the lesion with this rare size of existence are illustrated and pertinent literature is briefly reviewed.

Key Words: Endometriosis, Endometrioma, Malignancy

INTRODUCTION

Endometriosis is an extremely common gynecological disease affecting 1-5 % of women at reproductive age group (1). Women with endometriosis present for medical care with one or more of the following problems: pelvic pain, infertility or an adnexal mass (or endometrioma). About 5% of patients with endometriosis have a clinically detectable adnexal mass. The primary treatment for an endometrioma is surgical.

CASE REPORT

A 44 year-old woman was admitted to Marmara University Hospital, Department of Obstetrics and Gynecology, with the complaints of abdominal swelling, lower abdominal pain and bloating. She has been having these symptoms for two months. There was no change in bowel habits; neither nausea nor womitting was present. She had indigestion and some dispepsia for along time and had lost 5 kg during the last month.

On physical examination, there was a huge intraabdominal mass with a smooth wall. Other physical findings were unrevealing. Ultrasonography and computerized tomography confirmed a cystic mass with solid areas arising from right adnexal region about 40x30 cm.

On exploratory laparotomy, a 40x30 cm endometrioma originating from the right ovary and another endometrioma in dimentions of 8x10 cm originating from the left ovary were observed.

After excision of the cyst;diagnosis was confirmed by frozen section and total abdominal hysterectomy and bilateral salphyngo-opherectomy with appendectomy was performed. The patient was discharged from hospital on the 7th day uneventfully.

DISCUSSION

Endometriotic cyst or endometrioma presumably results from cystic hemorrhage into a focus of ovarian endometriosis. Management of the patient with an adnexal mass and suspected or proven endometriosis must be directed toward the adnexal mass. Ovarian endometriosis is a clearly malignant proclivity and may give rise to any of the endometrial malignancies including clear cell carcinoma, endometrioid carcinoma, stromal sarcoma and mixed Müllerian tumors (2,3). Malignant degeneration of an endometrial cyst may occur, but it is rare (2,3). Epithelial atypia and adenomatous hyperplasia have also been reported (4). Malignant transformation can occur in areas of endometriosis and a number of histologic tumor types have been described. The usual lesion is an adenoacanthoma, a relatively low-grade type of malignancy. Of the ovarian tumors studied, malignant tumors, "endometrioid tumors" do not arise from endometriosis. The wart "endometrioid" is merely descriptive and indicates that the tumors resemble endometrium. Such tumors are epithelial and arise from the mesothelium covering the ovary. Their resemblance to endometrium is by the virtue of metaplasia in ovarian endometriosis. Thirty to forty percent of patients with endometriosis have endometrioma (5,6). The entity was seen in 6-7% of women during reproductive years and rarely developed cystic masses above 12 cm may sometimes be difficult to differentiate from ovarian neoplasia. Fried et al (7), retrospectively analyzed 51 proven cases of endometrioma. According to sonographic appearance 30% were purely cystic, 62% showed various degrees of complexity with septations or debris, and 8% essentially solid. The broad spectrum of patterns is in keeping with the evolutionary process of endometriomas, which follow essentially the same transitions from homogenous gleatinous (cystic) through partially resolved (liquified) complex and ultimately returning to nearly purely cystic, as hematomas (7). The primary treatment for an endometrioma is surgical.

It is prudent that management of the patient with an adnexal mass of 30x40 cm endometrioma proven as benign is just extirpation of the cyst.

Fig. 1. A huge endometrioma

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