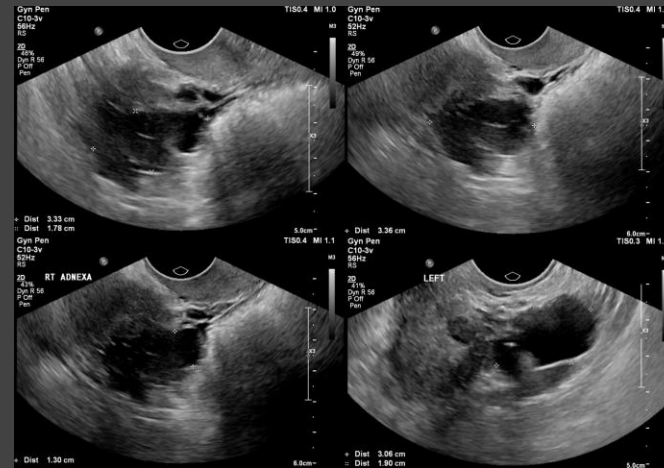


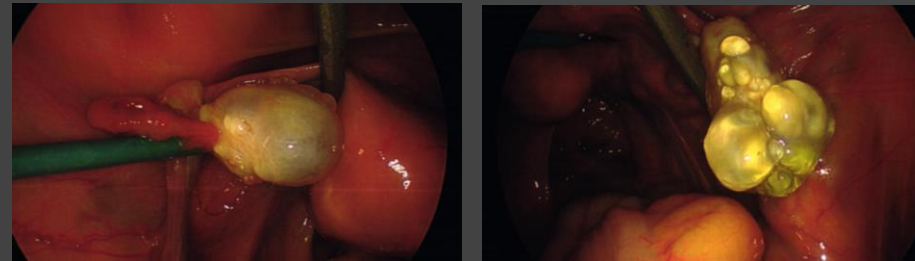
Postmenopausal adnexal mass. A case of a diagnostic rollercoaster.

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Above: Tertiary gynaecological ultrasound images suggestive of bilateral hydrosalpinges including a right sided serpiginous cystic structure with incomplete septae (top left and bottom left) and no ovary visualised. Left sided cystic structure with no ovary visualised (top right and bottom right).



Above: Intraoperative findings of suspicious cystic lesions covering the surface of the right ovary (above right) and the left (above left) contained two smaller cysts.

- Histopathology was benign with the ovaries containing multiple, benign, ciliated, epithelial cysts. Tubes and washings were normal and negative for malignancy
- The patient had an uneventful recovery and was discharged.

Discussion:

- This case demonstrates an unexpected perioperative diagnostic dilemma; how to proceed surgically within the scope of general gynaecology whilst balancing duty of care and consent compliance.
- Pre-operatively with the assistance of a tertiary USS, the pathology appeared tubal in origin, not ovarian.
- The lap. BSO utilising a specimen retrieval bag and pelvic washings did not compromise consent.
- Pelvic washings may have assisted in staging had the tissue been found malignant on histology.
- Literature suggests that if suspicious findings are encountered at laparoscopy, management is dependant on surgical skill and preference and the extent of pathology. Management can include; proceeding with a lap. BSO, conversion to open or close without BSO completion. (3, 4)
- If on site, gynae-oncology review or a fresh frozen sample can be completed intra-operatively. (4, 5, 6)
- This case also emphasises the diagnostic importance of tissue histopathology, especially when macroscopic appearances suggest malignant.

References:

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Background:

- Most adnexal masses are benign however post-menopausal women are at a significantly higher risk compared to other age groups. (1)
- Women over 50yo account for 80% of ovarian cancer diagnoses. (2)
- The main investigations for calculating malignancy risk are serum cancer antigen 125 (Ca 125) and pelvic ultrasound (1,3)

The Case:

- A 69yo post-menopausal woman with an incidental finding of an adnexal cyst on a routine renal tract ultrasound (USS).
- On two USS, 9 months apart, a stable 2.5cm left ovarian cyst with a thin avascular septum and a possible hydrosalpinx was noted.
- Ca 125 was 10kU/L, other tumour markers were normal.
- The patient opted for conservative management after options were discussed at gynaecology clinic.
- A tertiary USS demonstrated a multi-fibroid uterus and bilateral hydrosalpinges with no adnexal masses.
- Pre-operative Risk Malignancy Index (RMI) was 30 (low) using the initial referral USS.
- Unexpected intra-operative findings were suggestive of malignancy with cystic appearances to the ovaries. No associated free fluid or peritoneal deposits were seen.
- A laparoscopic bilateral salpingo-oophorectomy (lap. BSO) was performed with no spillage and peritoneal washings were obtained.