

**WOMEN PRESENTING WITH LARGE OVARIAN CYSTS! A CONTINUING TYRANNY  
IN COVID 19 ERA: A CASE REVIEW****\*Kavuriel Eliyas Karunakaran**

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**ABSTRACT**

Women continue to suffer from large ovarian cysts with complications. The delay in seeking definitive care has been further worsened due to the restrictions imposed due to Covid 19 pandemic. We present two such cases with an emphasis on developing proper attention to the reproductive health of females.

**KEYWORDS:** Large Ovarian cysts, case reports, reproductive health, torsion.**INTRODUCTION**

Neoplastic lesions of the female reproductive tract pose significant attention because they present at late stages on many occasions. Primary ovarian neoplasms are most commonly found in women aged 40–60 years.<sup>[1]</sup> Women suffer from discomforts and present with complications such as torsion. These situations lead to surgical care with minimal room for the preservation of ovarian tissue, thereby losing its inherent benefits. Looking into the commonality we experienced from our practice, '30% of ovarian neoplasm among the major Gynaecology surgery, from the Histopathology reports analyzed'.<sup>[2]</sup>

Further, we also experienced children and adolescent girls presented with torsion of ovarian cyst and reported that 'Delays in obtaining the definitive therapy should be minimized; if possible avoided. A good deed of clinical awareness by the care providers in the out-patient settings and the use of imaging shall not be undermined. The involvement of Gynaecological team in the Emergency Unit shall be made mandatory'.<sup>[3]</sup>

Still, we receive women with ovarian cysts at a late stage with complications. The recent and ongoing Covid pandemic makes the situation worse by restrictions on people seeking proper care. We report two cases of massive ovarian cysts presented and managed at the University Teaching Unit of Teaching Hospital, Batticaloa, Sri Lanka, with discomforts and torsion, delayed in seeking care for the above reasons.

**CASE REPORTS**

**Case I:** Mrs. S M, 45 years old, with one child, presented in early December 2020 with a two-month history of the bloated abdomen and vague abdominal

pain. She suspected that her symptoms were due to pregnancy despite her regular menstruation. For about one week, she developed shortness of breath, which disturbed her sleep. Examination of the abdomen revealed that she had a lump of about 30 weeks gestation. Going deeply into the history, she admitted that her symptoms started 11 months ago, in January 2020. She consulted the Outpatient Department of the nearby hospital; the Doctor considered her pain as gastritis and given treatment without examining her abdomen. Covid 19 lockdown and restrictions prevented her from seeking further care despite she noted an increase in the size of her abdomen. Ultrasonography revealed a complex ovarian cyst. Serum CA125 was 310 ku/L. She had undergone exploratory laparotomy. There was a moderate amount of straw colour ascites; and a lump of right ovary, appearing as mucinous cystadenoma weighing 8 Kg, measuring 24x21x13 cm, was removed. The left ovary was normal in appearance. Uterus had a subserosal fibroid of 5cm size, which was excised. Inflammatory changes on the peritoneum were noted. Postoperative recovery was satisfactory. Histology revealed serous cystadenoma.



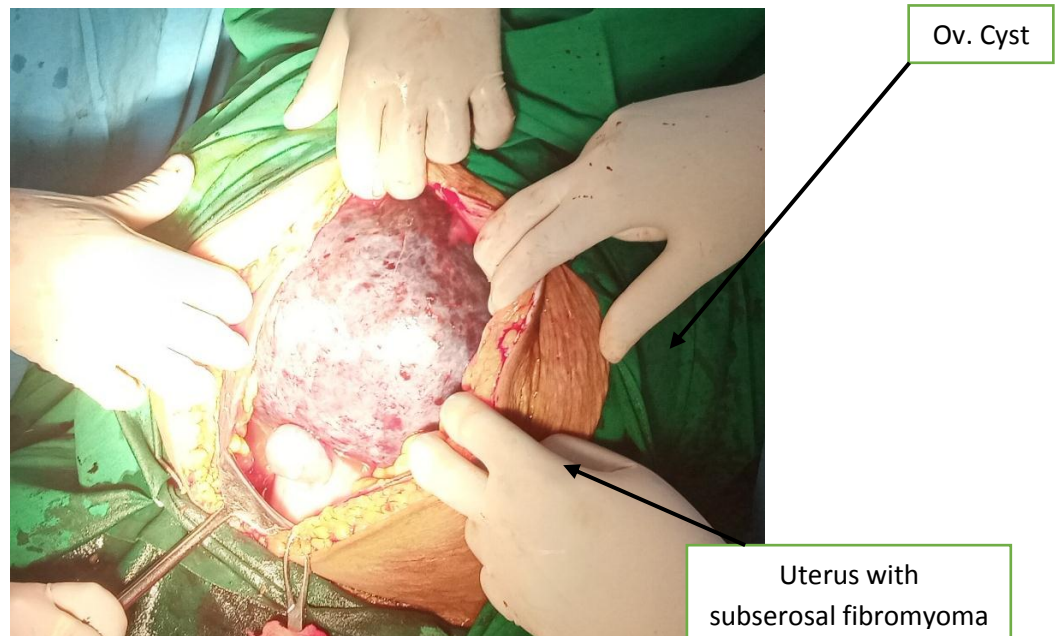
**Figure 1: Ovarian cyst of Ms. SM [case 1]**

**Case 2:** Ms. J 56 years of age post-menopausal woman, presented in June 2020 with an increase in the size of the abdomen of six months duration. She also had heartburn of three months duration. She was seeking treatment for these complaints however received treatment for gastritis. When she started developing shortness of breath in mild to moderate exertion, the heaviness of the abdomen for two weeks, and three days of nausea, she got herself admitted for in-ward care. She also had Diabetes mellitus with no other co-morbidities. Examination revealed an otherwise healthy woman with a significantly enlarged abdomen. A cystic mass is filling the entire abdomen up to xyphisternum [Fig. 2] measuring 34 cm from symphysis pubis. Ultrasonography reported a cystic lesion measuring

30x18x 10 cm., uterus 7 cm length with a thin endometrium. CA 125 level was 30 ku/L. Exploratory laparotomy was done through a midline incision under general anesthesia. The left adnexa cystic mass was brownish-black in colour, with torsion [Fig.3], the uterus was normal in size with a sub-serosal fibromyoma of 3cm size, and the right ovary was healthy. Minimal straw colour free fluid was noted. Peritoneum and omentum appeared healthy. The cystic fluid was aspirated through a hole adequate to insert the sucker tube to make the cyst collapse, and salpingo-oophorectomy was done [fig. 4]. Postoperative recovery was uneventful. Histology revealed serous cystadenoma with features of hemorrhagic infarction indicating torsion. She was well six months after surgery.



**Figure 2. Abdomen of Ms. J [case 2]**



**Figure 3: Exposing the cyst through the incision in case 2.**



**Figure 4: Collapsed ovarian cyst.**

## DISCUSSION

Despite developments in the early detection of an illness, large ovarian cysts are found on a somewhat regular basis. While imaging such as ultrasonography picks up ovarian cysts on those the investigation is done for some other purpose, women with abdominal symptoms still continue to get inadequate attention. Thereby, we still witness women with ovarian cyst present for definitive therapy with discomforts and complications such as torsion, as seen in one of the cases presented above. Many literatures indicate that the delay in diagnosing the ovarian cyst is mainly due to insufficient attention to the presenting features by the Health Care Provider.<sup>[4,5]</sup> Some consider the enlargement of the abdomen as pregnancy. Women also wait until the symptoms get worse.<sup>[6,7]</sup>

In developing countries, patients with ovarian tumors seek medical help during advanced stages of the disease.<sup>[8]</sup> There can be reasons including woman's role in looking after the family. Nevertheless, insufficient attention to women's complaints and the mismanagement at the health facility should be seriously taken care of, to

ensure good health. Making sure of the facilities for examination of the abdomen provided at the out-patient Health Care facility and the clinical willingness of the attending physician to do such examination are the essential components to do away with the late detection of the ovarian illness and the resultant complications, including torsion. The necessity for detecting ovarian malignancy in its early stage is another important reason. The importance of preservation of ovarian tissue for the 'protective effect of keeping the ovaries is because of estrogen<sup>[9]</sup> and the resultant Benefits against coronary heart disease and certain cancers.<sup>[10]</sup>

The ongoing pandemic has severely affected and worsened the livelihood of individuals and families in the country.<sup>[11]</sup> Sri Lanka also had island-wide curfew, cross-border mobility restrictions and the-enforcement of sporadic lockdown. These had resulted in poor access for the people, to Health Care Facility. This situation was very much reflected in our cases in seeking appropriate care, as measures to contain Covid 19 virus spread have added more delay in seeking definitive treatment. However, this is a worldwide phenomenon, and it was



reported 'an estimated 41% of U.S. adults had delayed or avoided medical care including urgent or emergency care and routine care'.<sup>[12]</sup>

Thus, at every level of care, delays in getting proper attention should be avoided when females present with complaints of abdominal origin, irrespective of their age. This important fact should be ensured at the primary and secondary health-care levels; thereby the reproductive health of the female population will not be compromised.

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