Bilateral Giant Ovarian Serous Cystadenomas Mimicking Pregnancy

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A 34-year-old woman (gravida 5, para 5) presented with dysuria, right flank pain and progressive leg edema lasting for one week. She assumed she was pregnant due to progressive abdominal distension accompanied by amenorrhea beginning five months previously. However, she did not receive a prenatal examination due to her poor socioeconomic status. Physical examination revealed a severely distended abdomen with shifting dullness and dilated superficial veins (Picture 1). A urinary examination disclosed pyuria, and an HCG test was negative. Abdominal computed tomography showed bilateral giant multiloculated cystic lesions originating from the ovaries that compressed the intra-abdominal organs (Pictures 2, 3). The patient underwent total abdominal hysterectomy with bilateral salpingo-oophorectomy. Two giant ovarian tumors measuring 30×30×30 and 50×40×30 cm were removed. A pathological examination revealed ovarian serous cystadenoma.

Ovarian serous cystadenoma, a benign ovarian epithelial tumor, primarily occurs unilaterally (1, 2). Bilateral involvement inducing amenorrhea and growing to such a large size mimicking pregnancy has scarcely been reported before.

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References