

HUGE OVARIAN ENDOMETRIOMA IN A POST MENOPAUSAL WOMAN: A CASE REPORT

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INTRODUCTION

Endometriosis is an estrogen dependent chronic inflammatory disease defined by presence of endometrial gland and stroma out of the uterine cavity. The prevalence of endometriosis ranges from 6% to 10% in women of reproductive age group and 2% to 5% in postmenopausal women.^[1] Endometriosis and ovarian malignancy can have similar risk factors like nulliparity, late childbearing and history of infertility, hence either can mimic the other.

CASE REPORT

A 62 years old Para 3 Live 3 post-menopausal woman presented with complaint of abdominal fullness and pain since last 6 months. On examination, whole of abdomen was distended with large cystic mass filling all the quadrants of abdomen with abdominal girth of 135cm.

Diagnostic imaging revealed large cystic abdomino-pelvic mass displacing bowel loops and herniating through anterior abdominal wall defect, likely epithelial ovarian neoplasm. CA 125 levels were 166.4 units.

Exploratory Laparotomy proceed surgical staging proceed total abdominal hysterectomy with bilateral salpingo-oophorectomy was done. The ovarian cyst was on left side of size 42*40 cm and weighed 20.95kg. Capsule was intact and there was no growth on the surface of cyst. On cut section 21.5 liters of chocolate coloured fluid was aspirated from the cyst. There was no evidence of solid areas or papillary projections.



Large Abdomino-pelvic mass of 134*64cm



Gross appearance of large ovarian mass weighing 20.95 Kg.

Histopathological examination shows features of ovarian endometrioma

DISCUSSION

Exclusive ovarian disease is found only in 1% of endometriosis patients, with remaining patients having

extensive pelvic or intestinal endometriosis.^[2] Endometriosis generally resolve with menopause, but in some postmenopausal women, it can be reactivated by

the estrogen production from peripheral conversion or due to hormone replacement therapy (HRT) and rarely with intrinsic biosynthesis of estrogen via the aromatase activity.^[3]

The endometriotic cells also express VEGF intensively to maintain its vascularization.^[4]

The extensive blood supply of the cyst may have contributed significantly to its massive enlargement. Unlike premenopausal endometriosis, postmenopausal endometriosis carries a higher risk of malignant transformation.^[5] Endometriosis should be considered as a possible differential diagnosis at any age. Good patient counselling and high clinical suspicion are key factors to diagnose postmenopausal endometriomas before reaching large sizes and provoking potential complications.

CONCLUSION

Endometriomas might reach large sizes regardless of their location or the patient's age. The risk of malignant transformation of endometrioma into an ovarian cancer is estimated at 2% or 3%.^[6] Despite its relatively low incidence, physicians should consider endometriosis in cases of adnexal mass in postmenopausal patients, even if the patient has no prior history of endometriosis lesions.

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