

Clinical Image

Open Access, Volume 5

An unwanted “pregnancy”

María Gómez Caballero^{1*}; Alejandro del Caño Garrido²

¹Department of Family and Community Medicine, Vithas Majadahonda Medical Center, Majadahonda, Madrid, Spain.

²Emergency Department, Puerta de Hierro University Hospital, Majadahonda, Madrid, Spain.

***Corresponding Author: María Gómez Caballero**

Department of Family and Community Medicine,
Vitas Majadahonda Medical Center, Majadahonda,
Madrid, Spain.

Email: maria_gc90@hotmail.com

Abstract

Cystadenomas are among the most common benign ovarian neoplasms. They are generally incidental findings, but as the mass grows, they can cause pressure, pain, swelling, urinary symptoms, and even ovarian torsion.

Keywords: Abdominal pain; Swelling; Mass; Ovary.

Received: Nov 10, 2024

Accepted: Nov 27, 2024

Published: Dec 04, 2024

Archived: www.jcimcr.org

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DOI: www.doi.org/10.52768/2766-7820/3372

Description

It is presented the case of a 56-year-old woman who was treated in the emergency room with colicky and stabbing lower abdominal pain of progressive onset for the last 2 days. No nausea, vomiting or altered bowel rhythm were present. It was associated with urinary frequency and urgency, weight loss, anorexia and asthenia. On examination, there was no pain, ascites or peritoneal irritation; but there was evidence of distension and lower abdominal filling. At first, abdominal x-ray, blood and urine tests were prescribed. Laboratory tests only showed elevation of acute phase reactants. The x-ray is shown in Figure 1.



Figure 1: Abdominal x-ray. Air and feces in colic framework. Psoas lines are not visible. Great increase in density without air or levels in the lower abdomen.

Based on the imaging findings, a CT scan was requested, where a pelvic mass was observed.



Figure 2: Abdominal CT scan. Pelvic mass measuring 16.5x10.5x23 cm of probable right adnexal origin (suggests cystadenoma).

Finally, given the possible diagnosis of cystadenoma, the patient underwent a double adnexectomy by laparoscopy.

Author contributions: MG: writing the manuscript. AC: supervision and critical revision.

Conflicts of interest: No.

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