International Journal of Science and Research (IJSR)
ISSN: 2319-7064
SJIF (2019): 7.583

Case Report on 16 Year Female Diagnosed with Mullerian Inclusion Cyst

Dr. Dixit Kumar A. Prajapati[1], Dr. Sandipkumar Bharai[2], Dr. Kishan Chitaliya[3]

1. Introduction

Mullerian inclusion cysts are aggregate masses of variable sized, fluid-filled, mesothelial-lined cysts of the abdomino-pelvic cavity. Also known as **"benign (multi) cystic peritoneal mesotheliomas,"** "inflammatory cysts of the peritoneum," "postoperative peritoneal cysts," and "benign papillary peritoneal cystosis,"

They are diseases of reproductive age women with a history of abdominal or pelvic surgeries or inflammation. Mullerian inclusion cysts are thought to arise secondary to intra-abdominal inflammation and subsequent cyst formation, with serous fluid derived from the ovarian stroma. The etiology and nature of the disease process are not well understood and continuously debated. Evidence suggests that hormone shifts influence the disease course. Management options range from observation to surgical resection of the reproductive tract. Cure is thought to be achievable with surgical resection only. However, given the overall benign nature of this disease with appropriate imaging and CA-125 correlation, conservative management options can be considered and treatment can be individually tailored.

2. Case Report

A 16 year old female patient having complaint of abdominal pain in periumbilical region since last 3 months which was insidious, gradually progressive, non radiating, dull aching and intermittent in nature with no aggravating factor and relieved by taking medication. There was no complaint of fever, vomiting, burning micturition, diarrhoea and whitish PV discharge. The last menstrual period (LMP) is 30/11/2020 with regular cycle of 28-30 days with no dysmenorrhea.

On per abdominal examination abdomen is soft and non tender with no any palpable lump.
RS and CVS examination is normal

For same complaint she went to private hospital and ultrasonography was done suggestive of intra-abdominal complex multi septated cystic mass and for that she referred here to Guru Govindsinh Hospital, Jamnagar for further investigation and management.

On 21/12/2020 she was admitted in Guru GovindsinhGovernment Hospital with same complaint. Ultrasonography was done once again and suggestive of large complex multi septated cystic lesion involving pelvic cavity and bilateral lumbar region. To confirm diagnosis CECT abdomen and HRCT thorax was done and suggestive of **well defindmultilobulated thin walled cystic lesion involving abdominal and pelvic cavity withwell defined thin walled air filled cystic lesion involving basal segement of left lower lobe.**

Tumor marker report was done in which AFP report was raised **(16.2IU/ml)** and CA 125, S.CEA, and HCG is within normal limit.

All the routine blood investigation was done and it was within normal limits.

A patient was posted for laparotomy and proceeds with vertical mid line incision and after entering into peritoneal cavity a large multi cystic lesion with fluid was identified and removed. Both ovaries shows small 2cm*3cm cyst and uterus appear normal with no attachment of cyst with this structure. Abdomen is closed after putting an abdominal drain in pelvic cavity.

Specimen was sent for histopathological examination and report suggestive of Mullerian Inclusion Cyst.

Post-operative span was uneventful.

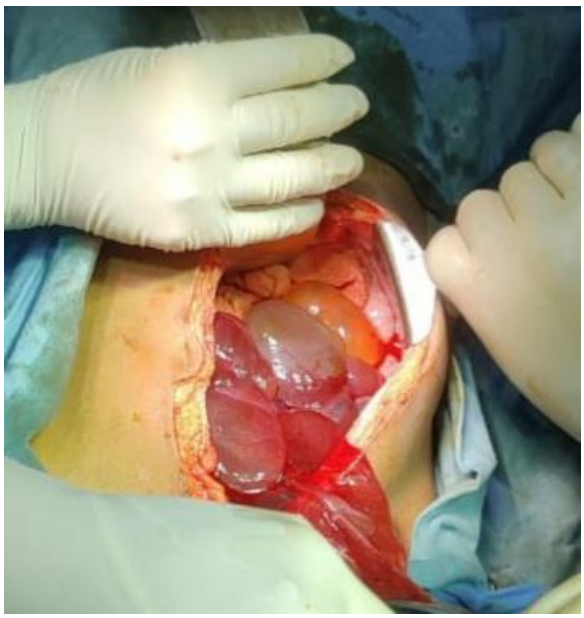

Figure 1: Intraoperative Finding

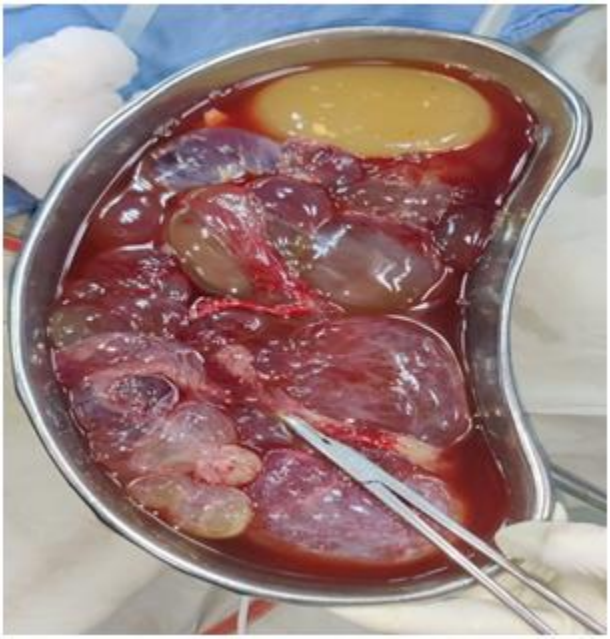

Figure 2: Excised Specimen

3. Discussion

Peritoneal inclusion cysts typically occur in women with a history of prior pelvic or abdominal surgery, pelvic inflammatory disease, endometriosis, or inflammatory bowel disease in the third and fourth decade of life. Patients often present with complaints of progressive abdominal or pelvic pain and/or a subjectively palpable abdominal mass. The duration of symptoms varies from days to months. Other reported presentations include acute or chronic abdominal pain, acute or chronic pelvic pain, back pain, dyspareunia, hernia, early satiety, constipation, tenesmus, urinary frequency, urinary incontinence, anorexia, dysfunctional uterine bleeding, infertility, postmenopausal bleeding, and pulmonary embolism secondary to compression and venous stasis (1–36). Ten per cent of peritoneal inclusion cysts are an incidental finding at the time of an unrelated abdominal surgery, imaging, or routine exam. Peritoneal inclusion cysts are estimated to account for 2% to 6% of gynaecologic surgeries for adnexal masses (37, 38). Peritoneal inclusion cysts are rarely noted in menopausal patients (2–3,8–12,39,40). The reported age ranges from 15 to 92 years old (1–36). Peritoneal inclusion cysts are reported in male patients with extensive surgical history, but account for 17% of reported cases.