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A Giant Ovarian Cyst Hernia from an Abdominal Incision: A Case Report and Review of the Literature

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Authors' contributions

This work was carried out in collaboration among all authors. Authors EA and AM designed the study, performed the statistical analysis, wrote the protocol and wrote the first draft of the manuscript, managed the analyses of the study and managed the literature. All authors read and approved the final manuscript.

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Case Study

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ABSTRACT

We report a case of a giant ovarian cyst hernia from an abdominal incisional surgery patient, she underwent resection of the giant cyst and benefited of a cure for eventration with a polypropylene mesh.

Keywords: Giant ovarian cyst; resection; incisional hernia.

1. INTRODUCTION

Eventration are a continuous solution of the anterolateral of the abdomen wall that occurs in 13-20% of laparotomy. [1]. In abdominal surgery, large eventrations are a major complication, and the treatment is responsible for a mortality rate of up to 10.4% (1).

The predominant location sub umbilical (26-33%), especially after surgery is explained by the absence of a posterior sheet [2-4]. The

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abdominal organs distribution explain the different degrees of parietal protrusion that can lead to the appearance of a second abdomen in the subumbilical region (1).

We report exceptional case of an abdominal hernia content; it is about a giant ovarian cyst.

2. CASE PRESENTATION

A 48 year old patient operated 10 years ago for caesarean by median sub-umbilical laparotomy who has had for two years a sub umbilical tumefaction progressively increasing in volume impulsive and reducible without transit disorder or digestive haemorrhage.

Examination of the abdomen finds an incision of median sub umbilical laparotomy with a reducible, non-painful, impulsive eventration measured 5 cm. an CT scan abdominal-pelvic was performed objectived a left latero- and supra-uterine cyst mass measuring 22 × 20 × 12 cm with a fine surface herniating through an 4 cm eventration.

An abdominal MRI was performed, which showed a large abdomino-pelvic cysts formation of 16x20x20 cm without endoluminal vegetations extended from the latero-uterine region and herniated through a 3 cm umbilical eventration oriented to an ovarian origin.

The patient benefited from a cystectomy with left adnexectomy and cure of the eventration by insertion of a polypropylene mesh. The operative suites were simple. The anatomopathological examination of the cyst is in favour of a serous cyst without malignancy [5-8].

3. DISCUSSION

Eventrations are continuous solutions of the anterolateral abdominal wall that occurs in 13-20% of laparotomy (1).

The predominant location sub umbilical (26-33%), especially after surgery is explained by the absence of a posterior sheet of the under-arch sheath. The abdominal organs distribution accounts for the different degrees of parietal protrusion that can result in the subumbilical region the appearance of a "second abdomen,"eventration is one of the classic complications of abdominal surgery. A progressive disease, the eventration will gradually increase in volume with variable consequences on the abdominal wall , on the herniated viscera (incarceration, strangulation) and on the abdominal and respiratory dynamics (eventration disease). Thus, if the treatment of small eventrations (less than 5 cm) is simpleand accessible to conventional or laparoscopic treatments, the management of large eventrations often poses difficult repair problems; The techniques for insertion of these prostheses are multiples ,Surgical treatment consists of two steps operative: reintegration of the viscera into the abdominal cavity, and closure of the abdominal wall (1).

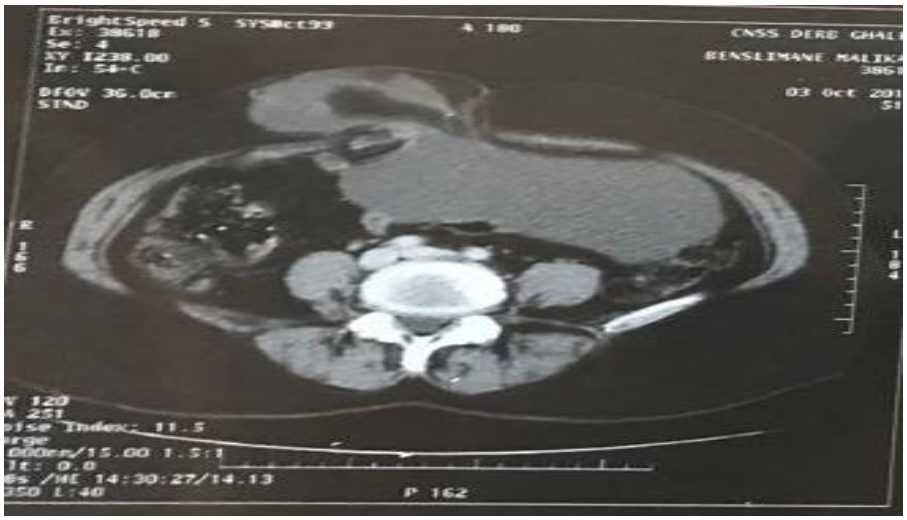

Fig. 1. Giant ovarian cyst herniating from abdominal wall on a pelvic CT

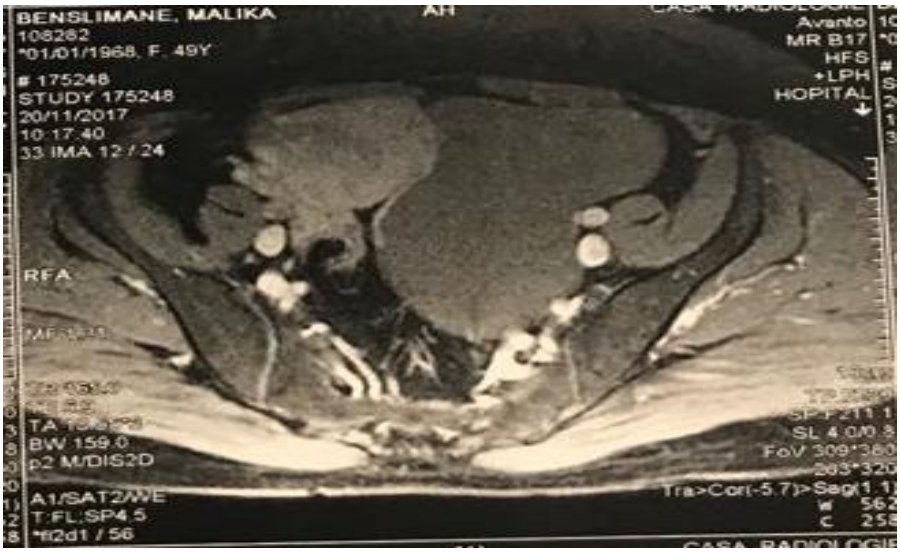

Fig. 2. latero-uterin large abdomino-pelvic cysts on pelvic MRI.

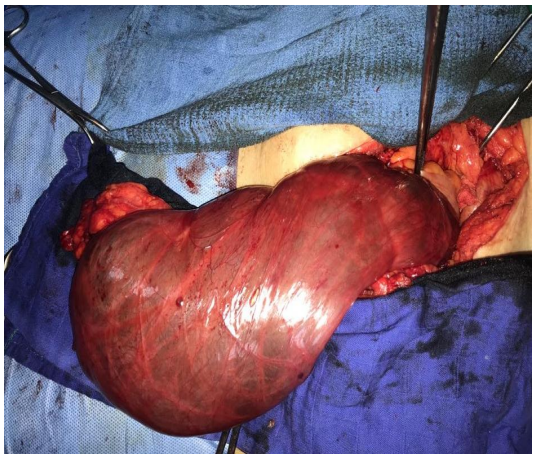

Fig. 3. Intra-operative showing ovarian cyst herniating through incisional hernia

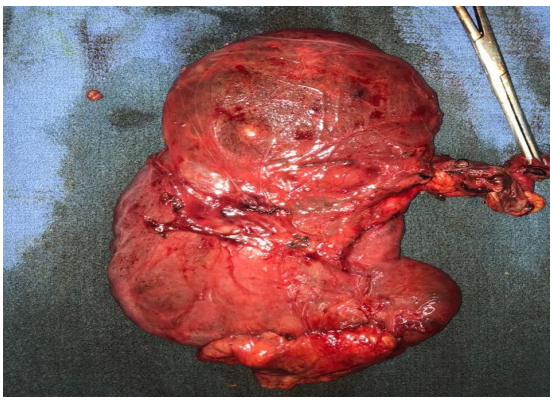

Fig. 4. Ovarian cyst resection

The objective of eventration treatment is to protect the patient from any future complication by restoring an anatomical, functional and permanently solid wall. The reparative procedures are multiple but a consensus tends to impose a prosthetic parietoplasty.

The most common hernial content was the ileum (80.5%), then the colon, and the omentum. Studies have pointed out that all organs can herniate in the sac, especially the mobile organs and those in the surrounding region. The giant ovarian cyst content is exceptional, which is the case in our patient (3-4).

4. CONCLUSION

The incidence of eventrations after laparotomy is high, in contrast to a giant ovarian cystic hernial sac which is rare or even exceptional, thus underlining the interest of minimally invasive surgery, which is less damaging to the wall and leads to fewer postoperative parietal complications. Once it has appeared, the eventration is a progressive disease, with no hope of stabilization or long-term cure. Therefore, in the absence of contraindications, the patient should be offered a treatment surgical.

CONSENT AND ETHICAL APPROVAL

As per international standard or university standard guideline participant consent and ethical approval has been collected and preserved by the authors.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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