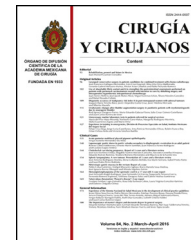




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CLINICAL CASE

Adolescent with paraovarian cyst. Surgical treatment[☆]



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KEYWORDS

Paraovarian cyst;
Ultrasound;
Abdominal-rectal
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Abstract

Background: Adnexal paraovarian cysts are not frequently seen during teen development, their incidence is around 10% and usually benign.

Clinical case: Adolescent female 15 years old with no pathological family and personal history relevant to her current condition. Chief complaint: six months ago she complained with abdominal pain in meso, hypogastrium and right iliac fossa. Later, she observed an increased volume on her lower quadrant of the abdomen, mostly on her right side. During physical examination an abdominal tumour was palpated. By an abdominal-rectal manoeuvre, the presence of tumour was confirmed and located in front of the rectum and no implants. Imaging studies confirmed a paraovarian cyst.

She underwent on surgical laparotomy and a paraovarian cyst was found. The histological diagnosis was a cystadenoma.

The postoperative course was satisfactory.

Discussion: Epidemiological data and ultrasonographic findings are examined to confirm the diagnosis of paraovarian cyst. The laparoscopic treatment for adnexal problems is described.

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PALABRAS CLAVE

Quiste paraovárico;
Ultrasonido;
Maniobra
abdomino-rectal

Adolescente con quiste paraovárico. Tratamiento quirúrgico**Resumen**

Antecedentes: En la adolescencia el desarrollo de los quistes paraováricos anexiales son poco frecuentes; su incidencia es del 10% y generalmente son benignos.

Caso clínico: Adolescente femenino de 15 años de edad, sin antecedentes familiares y personales patológicos de importancia para su padecimiento; este fue de 6 meses de evolución, con dolor abdominal en meso e hipogastrio y fosa iliaca derecha, acompañado de estreñimiento de hasta 3 días y de un aumento de volumen en su parte baja del abdomen, apreciándose más en el lado derecho. En el examen físico se corroboró la presencia de tumour abdominal, y con la maniobra abdominorrectal se palpó un tumour por delante del recto y sin implantes. Los estudios de imagen ratificaron la presencia de un tumour de anexos del lado derecho.

Se practicó laparotomía encontrándose quiste paraovárico del lado derecho, el cual se resecó en su totalidad. El diagnóstico histológico fue de un cistadenoma.

La evolución postoperatoria fue satisfactoria.

Discusión: Se discuten algunos datos epidemiológicos y los signos ultrasonográficos que ratifican la presencia del quiste paraovárico, y se menciona brevemente el tratamiento laparoscópico para esta patología.

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Background

Paraovarian cysts rarely develop in adolescents; their incidence is 10%, and they are generally benign. Their growth is slow and progressive, although occasionally they can increase rapidly in size. The most common symptoms are pain in the lower abdomen, which can be transient or intermittent. Large cysts can compromise the digestive and urological tracts; some patients experience mild constipation. They are diagnosed clinically and diagnosis is validated by ultrasound. This condition is usually treated surgically.¹

We treated an adolescent with a par ovarian cyst which motivated us to present her case and perform a short review of the literature.

Clinical case

An adolescent girl aged 15 years with no family or personal history of relevance. Her immunisation schedule was incomplete and she reported no allergies or previous surgical procedures. She started menstruation at the age of 13, and her periods were currently regular.

The disorder had started 6 months previously, with transient abdominal pain, located in the mesentery, hypogastrium and right iliac fossa, with constipation for up to 3 days. A month ago she noticed increased volume in the mesentery and hypogastrium that was more pronounced towards the right side of the abdomen. She had no urinary symptoms and did not have a fever.

Physical examination: a female patient with correct body development and oriented $\times 3$. Her secondary sexual characteristics corresponded to her age of 15 years according to the Tanner scale (stage 5).

Her vital signs were normal, BP 110/75 mmHg, weight 55 kg. No alterations were found on cardio-pulmonary examination, heart sounds were normal and no murmurs were detected.

Abdomen: there was increased volume in the lower part covering the mesentery, hypogastrium and right iliac fossa, and the fundus was above the umbilical scar; the surface was smooth, not very mobile and not painful; peristalsis was normal. A tumour was palpated in front of the rectum by abdominorectal examination; no implants were found (Fig. 1). There was no discharge of fluid or traces of blood via the vagina.

No abnormal data were found in the extremities or nervous system.

Laboratory test results were normal.



Figure 1 Abdomen distended due to right-sided paraovarian cyst.

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