Laparoscopic assisted extracorporeal large benign ovarian cystectomy in the morbidly obese

Grant Foster[1], Claire Foster[1], Tony Ma[1]
1. Barwon Health, Geelong

Background

Laparoscopic surgery is applied to ovarian cysts due to superior outcomes and rapid recovery. Technical challenges exist can exist when the cyst is large. We present a case of laparoscopic assisted extracorporeal large benign ovarian cystectomy in a morbidly obese patient.

Case

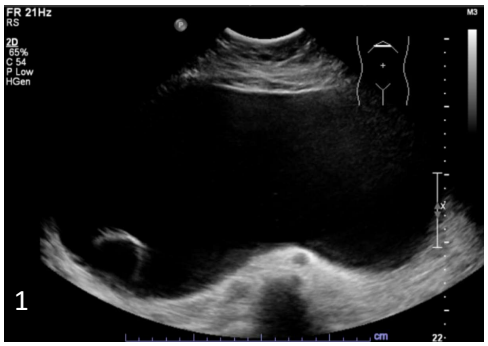
A 31-year-old morbidly obese patient presented with a 31cm ovarian cyst causing a left iliofemoral DVT secondary to venous compression and concurrent May-Thurner syndrome. The DVT was treated with percutaneous cyst aspiration, catheter directed thrombolysis, adjuvant bare-metal stenting and anti-coagulation therapy. Tumour markers and cytology of the aspirate were normal. During six months of warfarin therapy, the ovarian cyst had recurred to a maximal diameter of 18cm. Operative management was achieved via safe laparoscopic direct optic entry at Palmer's point. The massive left ovarian cyst was then decompressed by draining over one litre of fluid with minimal spill. The decompressed ovary was exteriorised to permit extra-corporeal stripping of the cyst. Haemostasis and closure of the potential space on the ovary was then achieved before the ovary was reduced to the pelvis.

Discussion

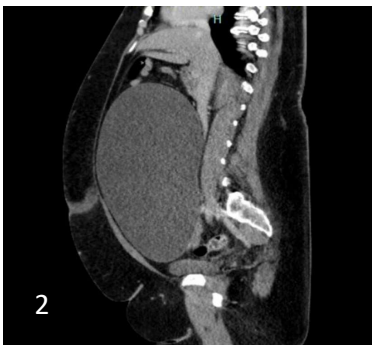
Laparoscopic assisted cystectomy surgery presents many advantages over laparotomy for the management of ovarian cysts including reduced pain, analgesia requirements, shorter hospital stay and rapid recovery. This operation can be technically challenging in cases where the cyst is large (> 10 centimetres) due to difficulty achieving umbilical entry and less room to manoeuvre. Laparoscopic assisted extracorporeal cystectomy overcomes these limitations and is a minimally invasive approach to management of large ovarian cysts in morbidly obese patient groups.

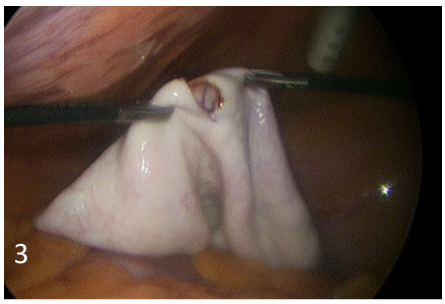
Conclusion

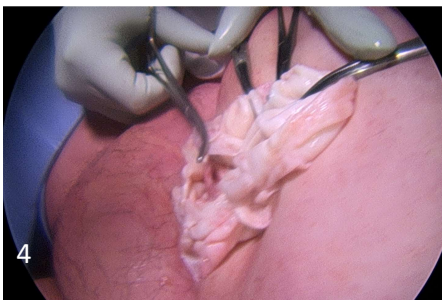
In this poster we present a laparoscopic approach to the large ovarian cystectomy in the morbidly obese patient. This technique is an effective surgical approach to maintain the benefits of laparoscopic surgery in a technically challenging cohort.

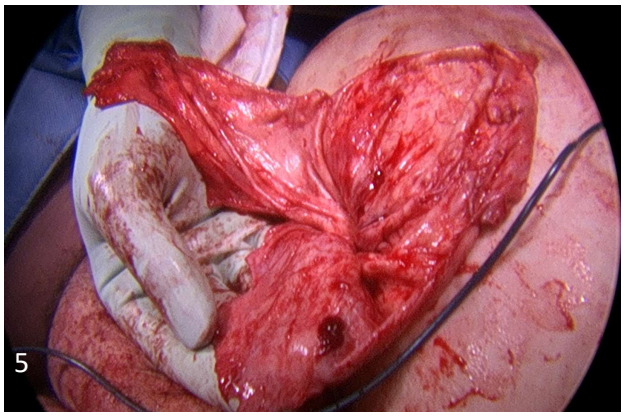


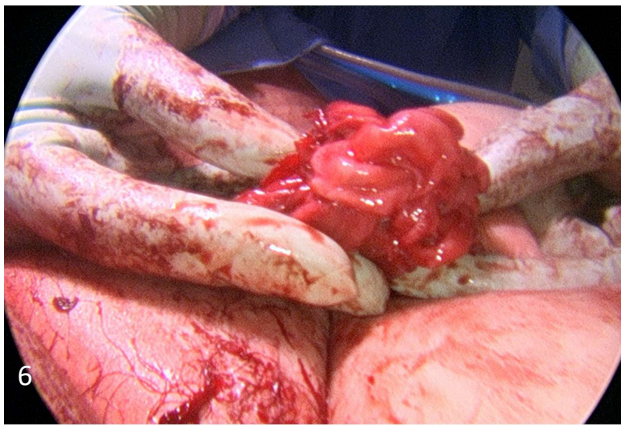
1

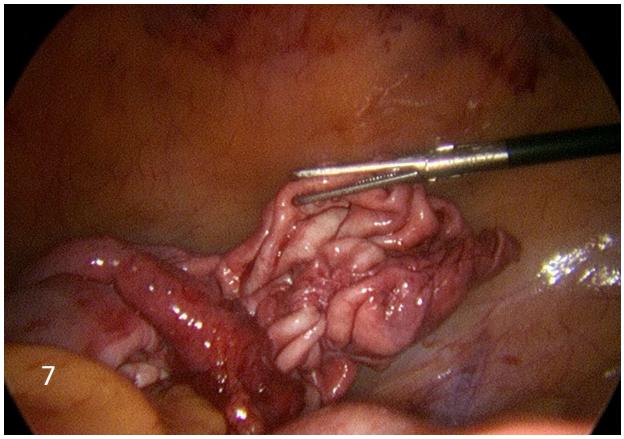

2


3


4


5


6


7

Figures

1. Trans-abdominal ultrasound image of the benign cyst.
2. Sagittal CT image highlighting the need for Palmers point entry.
3. Cyst aspirated with minimal spill.
4. Cyst exteriorised
5. Extracorporeal stripping of the ovarian cyst.
6. Ovary potential space closed with Vicryl
7. Ovary returned to pelvis

References
1. Göçmen A, Atak T, Uçar M, Şanlıkal F. Laparoscopy-assisted cystectomy for large adnexal cysts. Archives of gynecology and obstetrics. 2009 Jan 1;279(1):17.
2. Ou CS, Liu YH, Zabriskie V, Rowbotham R. Alternate methods for laparoscopic management of adnexal masses greater than 10 cm in diameter. Journal of Laparoendoscopic & Advanced Surgical Techniques. 2001 Jun 1;11(3):125-32.

Corresponding author
Grant Foster
grfoster@barwonhealth.org.au