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Interesting Case of Uterine Serosal Cyst-A Case Report.

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Objective

To present a case of a cyst originating from the serosal surface of the uterus, to describe the surgical procedure, and the pathology of cystic structures arising from the uterus.

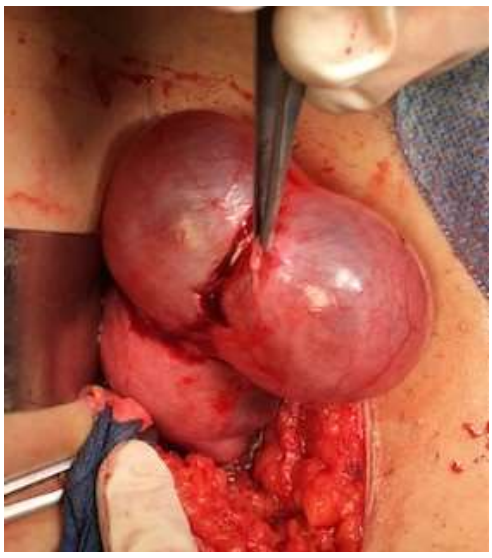
Case Report

38 yr old nullipara presented with acute onset of lower abdominal and pelvic pain of 3 days duration. She gave history of diagnosed asymptomatic right ovarian cyst of 5 cm, detected during a routine check up 3 months ago. Past cycles- irregular since 1 year LMP -20 days ago She had a past history of ovarian cystectomy done 12 years ago, side of which is unknown.

An urgent transabdominal ultrasound showed a tender 8cm x 5cm biloculated clear cyst anterior to the uterus. No vascularity was seen on Doppler's. A probable clinical diagnosis of torsion of ovarian cyst was made . Left ovary was seen normal.

Urgent tumor markers were sent and they all returned normal . Patient had a laparoscopy, which was converted to laparotomy due to dense omental adhesions.

Intraoperatively two sessile non communicating ,globular thick walled cysts each measuring 3cm x 3cm arising from the anterior surface of the normal sized uterus was seen ,which were much away from the bladder. Right ovary was not seen probably suggesting previous right sided oophorectomy. Left ovary and both tubes were normal.

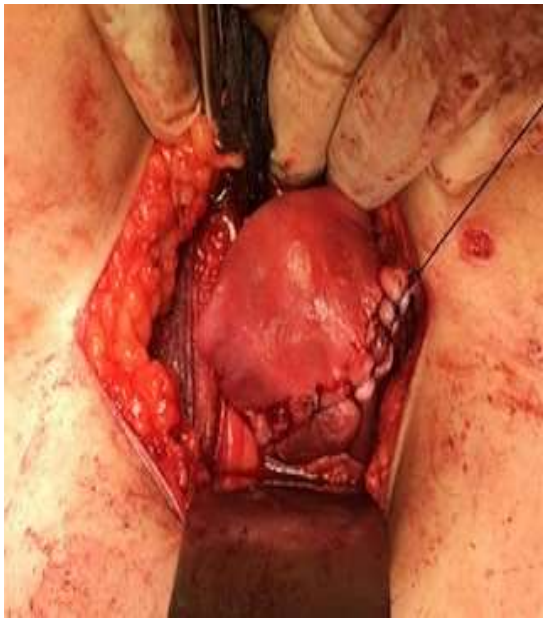


Pic 1 -Intraoperative pic showing uterus posteriorly and two sessile smooth anterior uterine wall cysts.

Clear Cyst fluid was aspirated for cytology which was reported later as benign cyst contents. The inner and outer walls of the cysts were smooth and a glistening layer similar to a mucous membrane was noted. Both the cysts were excised and sent for histopathology.

Pic 2 -Opened cysts showing glistening cyst wall with no growths

Methylene blue dye test was done to confirm that the cysts were not connected to the uterine cavity or the bladder.



Pic 3- Reconstruction of the uterine wall after complete cyst excision

Subsequent pathological evaluation revealed the cyst wall lined by benign columnar cell layer, with the wall formed by fascicles and bundles of myometrium suggesting a benign serous cyst of the uterine wall.

Discussion

The case described here is an unusual case of uterine serosal cyst. Review of literature shows uterine cysts are most often intramyometrial including degenerated submucosal leiomyomata, and cystic variants of adenomyosis. Uterine serosal cysts are less common and very few case reports could be found in literature

Conclusion

This case report of uterine serosal cysts is a rare entity, the pathology of which is very rarely described in literature too. One could easily interpret these cysts as ovarian cysts unless they are intramyometrial..

Myometrial cysts are uncommon benign lesions occurring over a wide age range. Adenomyotic cysts are the commonest and usually present in women of reproductive age with MRI evidence of adenomyosis in the myometrium. Simple mesothelial cysts can occur but may be a manifestation of a metacystic adenomatoid tumor. Cystic degeneration of leiomyomas can present as an adnexal cyst but background leiomyomas are usually found. Other uncommon causes include congenital cysts (of Müllerian and Wolffian origin), accessory uterus and malignancy[1].

In conclusion ,uterine source or origin should be considered as a differential diagnosis when evaluating an adnexal cyst.

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