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An Interesting Case: Congenital Right Adnexal Mass with Diffuse Intraabdominal Ascites

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Abstract: Adnexal masses are important at pediatric period; we diagnosed a cystic adnexal mass with diffuse ascites. We aimed to present this case in the light of literature.
Keywords: Adnexal mass, Ascites, neonatal, radiology.

INTRODUCTION

Adnexal masses are localized in the ovaries, fallopian tubes or uterus in children. adnexal masses comprise 1-2 % of mass lesions seen during childhood. Of these, 60-70 % arises from the ovaries and are benign in most cases. Ovarian tumors of childhood display a wide spectrum varying from simple cysts to metastatic disease similar to those seen in adults [1-2].

Thus, ovarian masses are rather heterogeneous in terms of clinical character. Ovarian masses of childhood are most often cystic; however, they can also be solid or mixed type. The majority of these masses are on the right side. Of these masses, 64 % are neoplastic, while 10-40 % is malignant [3].

CASE REPORT

Our case was a 29-day-old girl. In the hospital where she was delivered, the patient underwent paracentesis immediately after birth for diffuse ascites. She was then discharged home where her parents waited for recovery. However, she was admitted to our hospital again with a palpable mass at the right groin, since no improvement was observed. On physical examination, a palpable mass was detected at the right lower quadrant of abdomen; thus, ultrasonography was ordered. On the ultrasonography, it was observed that there was a cystic lesion (21x16 mm in size) with a slightly thickened wall and smooth contour, which had a few cystic formations (the largest being 7 mm in size) at the right lower quadrant of the abdomen. The right kidney had an ectopic appearance (inferior paravertebral) and displayed rotation failure. Furthermore, a marked amount of free fluid was observed in all quadrants of the abdomen (Figure1). On the laboratory analyses, α-Fetoprotein (AFP) was determined to be higher than 2000 ng/ml. For newborns, the normal range is 0-300 ng/ml within the first 3 months of age. Contrast-enhanced CT scan was performed to elucidate the wall structure of cystic lesion and to exclude the mass lesion due to the increased AFP (Figure 2).

On the contrast-enhanced thorax and abdomen CT scans, the thorax and the lung were found to be normal. There was an inferior paravertebral ectopia in the right kidney. In the abdomen, a cystic lesion (of approximately 2 cm in size) with slightly thickened wall and contrast enhancement was observed at the right lower quadrant. There was marked ascites in all quadrants of the abdomen and between the intestinal segments. Paracentesis was performed to assess the ascites; however, no malignant cells were observed in the cytological evaluation. Nonetheless, the ascites in the abdomen persisted for over 30 days. The patient underwent surgery involving right salpingoophorectomy with the diagnosis of an Ovarian mass when she was 2-months old. No malignancy was detected in the histopathological evaluation, which was interpreted as a simple follicular cyst and corpus luteum cyst (Figure 3). Neither local nor diffuse ascites was observed in the abdomen or pelvis on the sonography performed on day 15 after surgery.

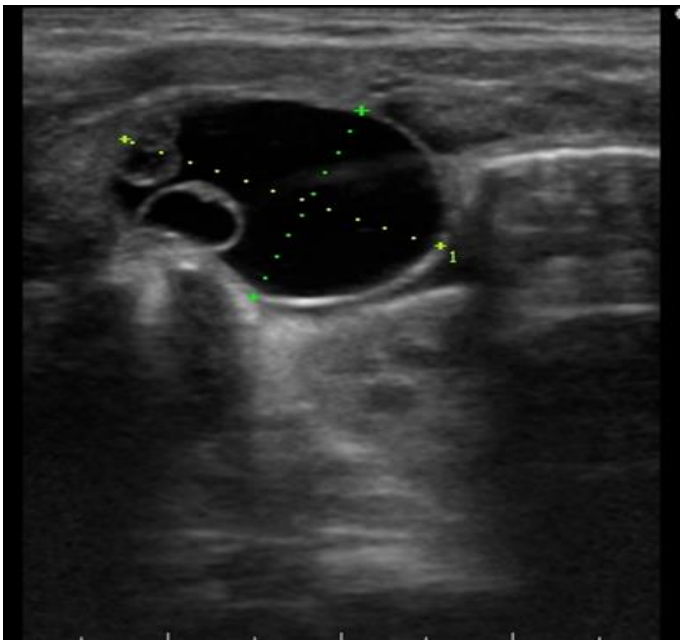

Fig 1: Ulltrasound examination showed cystic mass lesion.

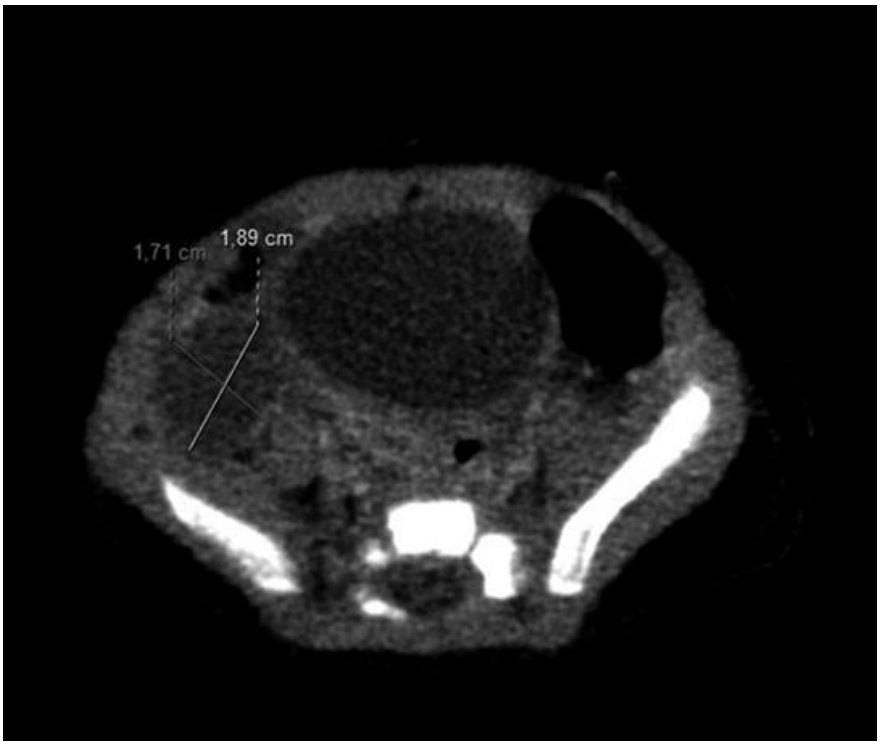

Fig 2: A mass was determined in 1.89 x 1.71 cm diameter, at the right lower quatrant on CT scan examination.

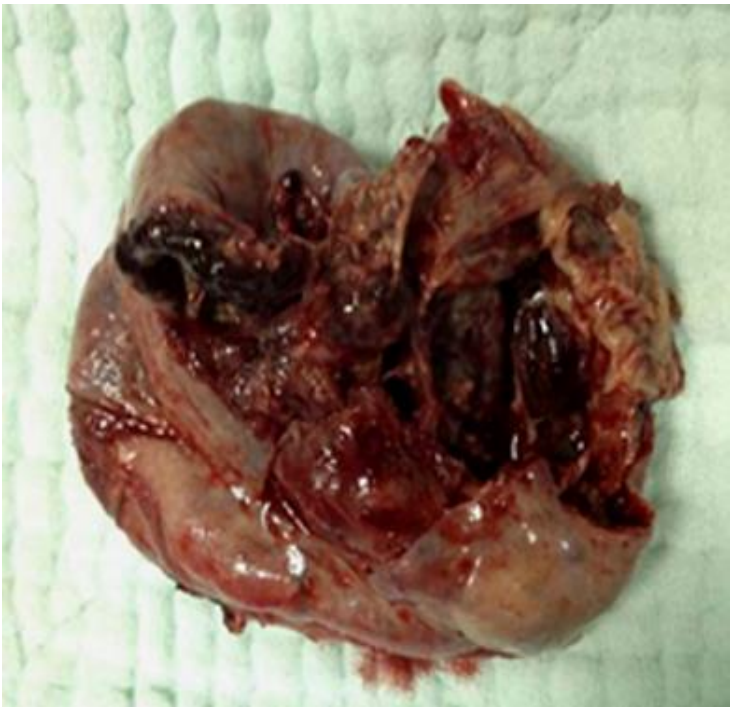

Fig 3: The view of pathological specimen.

DISCUSSION

Neonatal ascites can be biliary, urinary or chylous in general. At advanced ages, ascites may originate from trauma, infection, liver or pancreas. Ascites can also be observed due to gynecological or gastrointestinal disorders. In our case, it was seen that ovarian cyst rupture, one of the most common causes of ascites at early childhood, manifested with an exaggerated clinical picture and increased AFP [4]. It should be kept in mind that ovarian cysts can cause persistent ascites in children who present with ascites and an abdominal mass [5].

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