

Case Report

Open Access

Bilateral Huge Ovarian Borderline Tumor Treatment

Kyongjin Kim^{1*}, Kyoung Akim¹, Sangki Hong¹, Jungbum Moon¹, Taewon Jung¹ and Yunhwan Kim²

¹Jesus Hospital Ob/Gyn Department Korea

²Radiology Department Korea

ABSTRACT

Huge ovarian multiseptated conglomerated cyst was removed after cystic fluid aspirated with Doush suction device. The histologic repost was serous borderline tumor Post operative bleeding was controlled by radiologic intervention We described the special experience with case report.

*Corresponding author

Kyongjin Kim, Jesus hospital Ob/Gyn department, Korea.

Received: July 25, 2025; **Accepted:** July 28, 2025; **Published:** August 08, 2025

Case Report

A 62 years old woman visited orthopedic department due to forearm fracture. She slipped down and hurt. OS doctor consulted to OB/Gyn according to previous ovarian cancer. She was diagnosed it about 20years ago.

CT finding was showed 45cm multiseptated cyst occupied the whole abdomen and replaced bowels to side walls (Figure: 1).

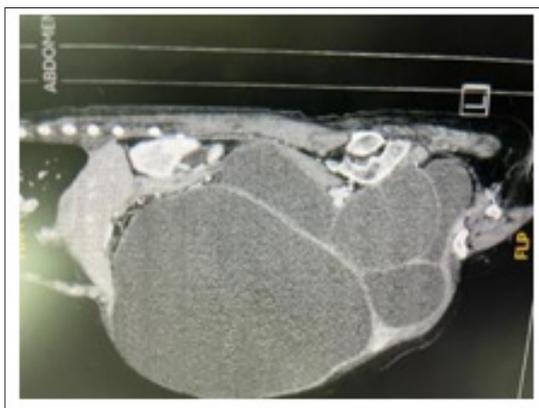


Figure 1: CT Finding of Huge Conglomerated Cyst

Under the general anesthesia, fracture fixation and explolaparotomy was done. Low midline abdominal incision was made and cystic fluid aspiration with Dosch suction device. The fluid was result in 24,000cc The color of fluid was different from turbid with blood clot, serosanguineous to serous fluids. We used energy devices to remove cyst with small vessel with coagulation. But large vessels was clamp cut and suture with the absorbable vicryl. Smal,l vessel was coagulated with monopolar Bovies .and Caiman (vessel sealer and cutter B BRAUN)

We separated the cyst from abdominal peritoneum and bowels. And total abdominal hysterectomy was done. Frozen biopsy was serous borderline malignancy [1].

The abdominal wall was closed layer by layer with a hemovac drainages,

The tumor was weighted about 2.8 kilograms. Contained cystic fluid and tumors (Figure: 2).



Figure 2: Operative Procedure

There was bleeding after she transferred to the intensive care units. So we decided to do vascular embolization. We could counted the amount of blood volume by drainage Under local anesthesia, 5mm incision of skin was made and cobra catheter inserted via femoral artery. After ascending to common iliac artery branch. We traced uterine artery and other arteries with fluoroscopy and found the bleeding focus. We closed the vessel with coil and glue. (Figure: 3)

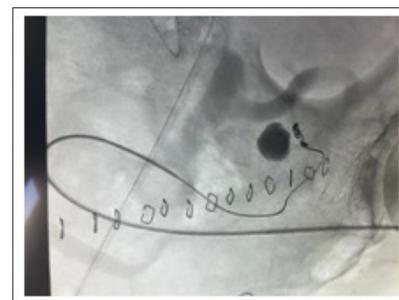


Figure 3: Radiologic Intervention of Bleeding Control

She recovered well and regular follow up was done as cancer patient schedules

Discussion

Borderlin tumor are called tumors of low malignat potential. They tend to remain confined to the ovary for a long times. They occur in a premenopausal woman and have a good prognosis [1]. The case patient was diagnosed as an ovarian cancer about 20 years ago. We are wonder she was really cancer? How she could survive as a fatal disease like ovarian cancer [2]. They might have wrong diagnosis, they might explain the disease as a gloomy prognosis, so that she gave up to do further treatment.

She might have ovarian cyst or tumor looked like cancer She may need cytoreductive surgery and adjuvant chemotherapy. The doctors should give an correct information so that giving hope rather than just scaring prognosis

We recommend the medical workers should take care to do not overstatement.

Radiologic intervention (RI)is a special field of medicine that use image guided minimal invasive procedure to diagnosis and treatment a wide range conditions through at the body instead of open surgery.

The beginning of radiologic intervention was treatment of intussusception of Childs with barium enema. In Korea Advanced imaging techniques like fluoroscopy [3]. CT scan, ultrasonogram

and MRI was used with small instrument such as catheters and needles through tiny incision or natural body orifice to the precise area requiring treatment. RI can be characterized as like these. It is a minimally invasive procedure, advanced image guided [4]. We can approached broad range of application. Out patient can be applied without anesthetic procedures. Radiologic intervention is one of example to applied advanced technology to clinical bed side.

Conclusion

The large borderline ovarian tumor could be excised after cyst aspiration and surgical mandatory procedures. Delayed bleeder was controlled by radiologic intervention, Vessel embolization with coil and glue was successful. Radiologic embolization can be helpful to manage unexpected postoperative bleeding without anesthetic assistance.

Reference

1. Berek JS, Friedlander M, Hacker NF (2020) Epithelial ovarian, fallopian tube and peritoneal cancer In 16th ed. Berek and Novak's gynecologic oncology 2020: 1079. <https://doctorlib.org/oncology/gynecologic/13.html>.
2. Jung KW, Won YJ, Kong HJ, Lee ES (2019) Cancesr statistics in Korea: Incidence, Mortality Survival and Prevalence in 2016. *Cancer Res Treat* 51: 417-430.
3. Yunhwan Kim Intervention radiologist in Jesus hospital.
4. AI assisted reference of radiologic intervention.