

**TITLE PICTORIAL**

**MUCINOUS CYST ADENOCARCINOMA**

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A 16 year old young unmarried girl presented to us in the surgical outpatient department with the complains of increasing abdominal girth since last 8 weeks. Imaging studies showed a giant abdominal pelvic mass probably of ovarian origin. Cancer antigen-125 and alpha fetoprotein were raised while carcinoembryonic antigen were normal. These huge disseminated tumours (12×13 cm) displaced her uterus, compressed her abdominal contents and extended up to her diaphragm with massive ascites and peritoneal metastatic seedlings. Bilateral salpingoophorectomy and omentectomy were done. The histopathological diagnosis was a well differentiated mucinous cyst adenocarcinoma.

Giant mucinous cyst adenocarcinomas are very rare. This type can account for 5–10% of all ovarian mucinous tumours. Mucinous cystadenoma is an epithelial tumour most often found in the ovaries. They also frequently occur in extra ovarian sites. Mucinous cystadenomas have origins from inclusions and invaginations of the ovarian celomic epithelium and persistence of Müllerian cells, or from Wolffian epithelium and teratomas. They often occur in the fourth and fifth decades, accounting for 25% of the ovarian tumours, 5% are bilateral and 15% are malignant. Mucinous (25%) and serous (75%) cystadenomas account for 8–15% of all ovarian tumors. The epithelium of the cysts is usually cylindrical and mono- or multi-stratified, and cuboidal epithelium is due to the pressure inside the cyst. The classical cells show clear cytoplasm and a hyperchromatic nucleus at the base. Extra-large benign and malignant cysts of the ovary are uncommon and involve diagnostic and management challenges and determinations of cancer antigen (CA)-125 can help to identify epithelial tumours of the ovary.

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