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Ovarian Tumor with Chronic Constipation

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A 13-year-old girl presented with a two-year history of on-and-off lower abdominal colicky pain associated with nausea. The patient had visited the emergency department on several occasions for the same symptom. She was treated for constipation as the pain was always relieved after an enema. She denied fever, dysuria, hematuria, or bloody stools. Her medical and family history was unremarkable. Menarche was at the age of 11 followed by

regular cycles. Physical examination revealed an obese (weight: 76 kg, BMI: 33.7) adolescent girl. Her abdomen was soft with no palpable mass over the lower abdomen. Laboratory tests were noncontributory. Despite drainage of urine through a Foley catheter, supine abdominal radiography (Figure 1) showed a large mass of soft-tissue density, pushing the intestine up and out of the true pelvis. Computed tomography of the abdomen (Figure 2) and sonography both



Figure 1 KUB denoted a large mass of soft-tissue density (arrows), with the gut displaced upward



Figure 2 CT without contrast showed a large fluid-filled cystic mass (15x9cm) in pelvic cavity (arrow head) with homogeneous CT attenuation, thin regular wall and no evidence of endocystic or exocystic vegetation

revealed a large cystic lesion that extended into the abdomen to above the level of the umbilicus. A gynaecologist was immediately consulted and a presumptive diagnosis of a benign ovarian cyst was made⁽¹⁾. Surgical resection was performed with a pathological confirmation of serous cystadenoma arising from the right ovary. The patient had a good recovery.

Chronic constipation accounts for 3% of all visits annually to pediatric outpatient clinics⁽²⁾ and has many causes. Radiography of the abdomen can aid in preventing misdiagnosis

and guiding additional appropriate diagnostic examinations and definite treatment.

REFERENCES

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2. Walia R, Mahajan L, Steffen R. Recent advances in chronic constipation. *Curr Opin Pediatr* 2009;21:661-6.