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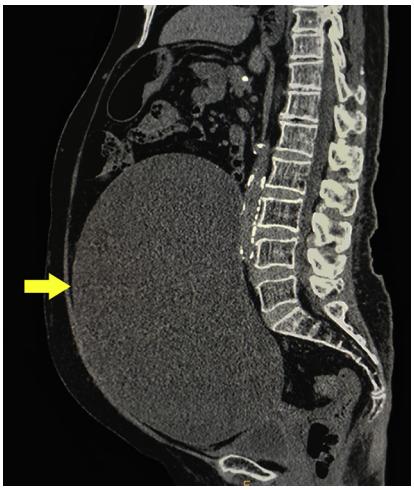

Figure 1. CT (sagittal view) revealing the large cystic mass (arrow). The mass appeared to arise from the pelvis and extend into the upper abdomen.

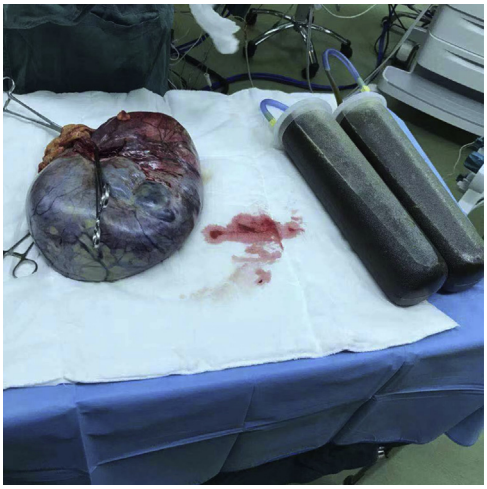

Figure 3. The removed tumor.

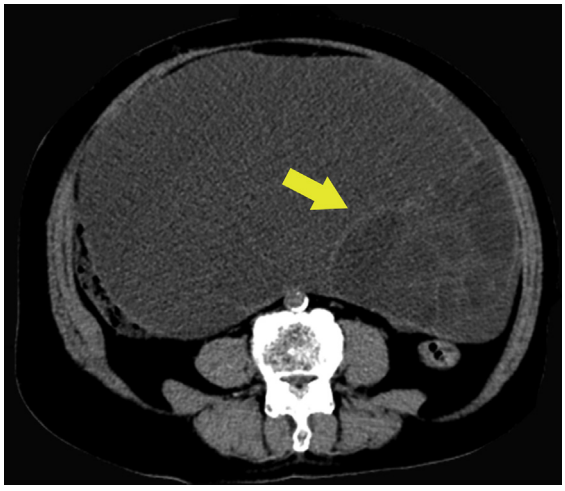

Figure 2. CT (axial view) showing the large mass with multiple enhancing septations in its left portion (arrow).

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A 78-year-old woman presented to our emergency department with 6 months of progressively worsening discomfort and abdominal distention. The patient had undergone appendectomy, cholecystectomy, and hysterectomy. Her abdomen was distended on examination, with hypogastric tenderness and dullness to percussion. Laboratory tests revealed an elevated cancer antigen 125 level (45 U/mL). A computed tomography (CT) scan of the abdomen and pelvis was performed.

For the diagnosis and teaching points, see page 312.
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It is unclear what effect an adaptive design with sample size reestimation had on the results of this study. One could argue that the validity of the findings is strengthened because the study had an option to increase the sample size, but did not, and found no mortality benefit of immediate angiography with the original methods. Although the exact methods of this component of the study are vague, the study used the original sample size calculation until completion of the study.

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DIAGNOSIS:

Ovarian mucinous cystadenoma. CT of the abdomen and pelvis revealed a 35×20×17-cm cystic mass with multiple thin enhancing septations in its top left portion (Figures 1 and 2). The mass appeared to arise from the pelvis and extend into the upper abdomen. The patient underwent surgical drainage of the mass, in which 6 L of serous fluid was drained and the tumor was dissected from the surrounding structures (Figure 3). Final pathology was consistent with ovarian mucinous cystadenoma, which appeared to be intestinal, with no areas of invasion.

Ovarian mucinous tumors represent a spectrum of neoplastic disorders, including benign mucinous cystadenoma, pseudomyxoma peritonei, mucinous tumors of low malignant potential (borderline), and invasive mucinous ovarian carcinoma.[1] Mucinous cystadenomas usually occur as a large, multiloculated, cystic mass with mucus-containing fluid. The mean size at presentation is 18 cm, and mucinous tumors can become extremely large and fill the entire abdominopelvic cavity. The large size can itself sometimes suggest a mucinous histology. Most mucinous tumors are unilateral, especially when primarily ovarian in origin.[2]

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