Objective: In our study, we aimed to represent a case with successful endovaginal drainage of a tubo-ovarian abscess under ultrasonography which failed to recover by intravenous antibiotic treatment.

Case: Our case was 45-year-old G6P5 premenopausal patient. The patient using intrauterine device for 7 years had abdominal pain and high fever for a week. In the ultrasonography of the patient who referred to the emergency service with acute abdominal complaint, it was observed that there were conglomerated masses consistent with tubo-ovarian abscess in sizes of 105x97 mm in the right side of pelvis and of 76x62 mm on the left side, and free fluid 50 mm deep in the Douglas cavity. WBC was 23,000 and CRP was 16.8 in the patient together with 38.5 °C body temperature. The abdomen was sensitive and there were rebound and defense. It was observed in the vaginal examination that posterior fornix was filled and revealed fluctuation. Collum movements were painful. The patient was administered 2x1 metronidazole 1 g and 2x IV ceftriaxone 1 g for 5 days. Under ultrasonography, endovaginal drainage was applied to the patient whose WBC and CRP values did not decrease, and about 700 cc purulent fluid was discharged. After the drainage, drain was inserted into Douglas. When pelvic masses were decreased after drainage, the drain was removed from the patient after her WBC and CRP values decreased and she was discharged one week later.

Conclusion: Transvaginal discharge of pelvic abscess under ultrasonography is a safe and effective procedure. It can be used as an alternative treatment option in patients with failed intravenous antibiotic treatment.

Keywords: Tubo-ovarian abscess, ultrasonography.

PP-106

Abnormal elevated CA 19-9 in the dermoid cyst: a sign of the ovarian torsion?

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Dermoid cyst is the most common germ cell tumor of the ovary containing various tissue elements. Ovarian torsion is a common complication of which ultrasonographic diagnosis is confusing. A 14-year-old virgin adolescent was admitted to our clinic because of pelvic pain lasting for 1 week. Abdominopelvic ultrasonography revealed a lobulated cystic lesion with a diameter of 11 cm in the right adnexa. Abdominopelvic MR revealed a 16 cm cystic lesion consisting of heterogeneous solid structures. The left ovary and other intra-abdominal structures were normal. Tumor markers were as follows: CEA: 1.90 U/mL, AFP: 0.94 U/mL, CA 15-3: 13.4 U/mL, CA 19.9: 1983 U/mL, and CA 125: 217 U/mL. Another possible gastrointestinal system pathology was ruled out by imaging modalities. Pfannenstiel incision was made, and right ovarian torsion with necrosis was detected. Right salpingooophorectomy was performed, and frozen section revealed dermoid cyst. Pathological evaluation was compatible with dermoid cyst and the ovarian torsion. High levels of CA 19-9 and CA-125 and the rapid increase in the diameter of the cyst are not always associated with malignancy. However, a detailed preoperative evaluation is needed. Due to the need of early detection of ovarian torsion, CA 19-9 may be a good marker particularly for ovarian torsion and the extensity of ovarian necrosis. However, larger studies are needed to confirm this hypothesis.

Keywords: CA 19-9, dermoid cyst, ovarian torsion.

PP-107

The case of ovarian serous cystadenofibroma confused with postmenopausal malign adnexial mass

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Introduction and Objective: Ovarian cystadenofibroma is quite rare benign ovarian tumor including both epithelial and fibrous stromal contents and seen between 25 and 65 years old. Ultrasonographic appearance of cystadenofibroma is frequently a cystic adnexial mass with solid content, and it is generally confused with malign ovarian tumor. In our study, we operated our case with the pre-diagnosis of postmenopausal malign adnexial mass by radiological imaging, and we found serous cystadenofibroma by intraoperative pathological diagnosis. In the patients operated due to the pre-diagnosis of malign adnexial mass, cystadenofibroma should also be considered as a differential diagnosis even it is rare.

Case: Our case referred to our clinic with the complaint of inguinal pains. Seventy-five-year-old multipara patient who was in menopause for 25 years have had no gynecologic disease so far. In the ultrasonography performed, a total of 15 cm cystic mass including bilobular solid papillary areas were found within right adnexal area. Ca 125 value of the patient lies within normal ranges. In the MRI examination, right adnexial mass was observed causing suspicion for solid cystic