Ovarian Tumor with Chronic Constipation

Hsun-Hsiao Chien, Soon-Wei Ling, Choon-Hoon Hii

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](image.png)  KUB denoted a large mass of soft-tissue density (arrows), with the gut displaced upward
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**