Large ovarian cystadenofibroma causing large bowel obstruction in a patient with Klippel-Feil-Syndrome – A case report

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Introduction
Bowel obstruction is a common complication in advanced ovarian cancer with a reported obstruction rate between 5-42% but rarely described in cystic lesions. Ovarian cystadenofibromas are epithelial tumors, mainly benign and asymptomatic. The Klippel–Feil syndrome (KFS) is a rare congenital anomaly which combines osseous and visceral development disorders.

Methods
We report the first case of large bowel obstruction due to a large benign ovarian cystadenofibroma with an underlying KFS. Both entities are very rare and their coincidental occurrence is remarkable.

Results
A 60-year-old, postmenopausal female patient with a KFS was admitted with increasing abdominal girth (Figure 1), alterations of bowel habits and pencil-shaped stools for 4 weeks. The abdomen was heavily bloated and a large resistance on the left side could be palpated. CT scan showed a intra-abdominal cystic tumor with unclear origin, causing subtotal compression of the descending colon (Figure 2). Intraoperatively we found a 20x10x20 cm thin-walled cyst from the left adnex and total compression of the sigmoid colon (Figure 3). The patient completely recovered and bowel symptoms resolved immediately (Figure 1). Histology revealed a benign cystadenofibroma (Figure 4).

Conclusion
• We consider explorative laparotomy to be the appropriate surgical approach for abdominal pathologies with unclear origin and dignity
• In younger, fertile woman preoperative MRI may be used for diagnostics
• Intraoperative frozen-sections can be considered in younger woman to avoid fertility impairing surgery, due to unclear dignity of the tumor.
• Interdisciplinary management seems mandatory due to inherent concomitant malformations of KFS (e. g. cardiovascular)

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