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Successful Laparoscopic Removal of Adnexal Mass in a Patient With a Large Ventral Hernia

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After a fall, an 80-year-old woman was incidentally found to have an 11-cm cystic ovarian mass when computed tomography was performed. CA125 was within normal range. Family history was negative for any breast or ovarian cancers. The patient's medical history was significant for a large asymptomatic ventral hernia, hypertension, dementia, hypothyroidism, history of deep vein thrombosis with permanent inferior vena cava filter, thrombocytopenia (baseline platelet count, 90 to 100), and irregular heartbeat requiring pacemaker placement. Her surgical history included a hysterectomy with left salpingo-oophorectomy to treat menorrhagia. The patient consented to undergo diagnostic laparoscopy, pelvic washings, and removal of the adnexal mass. Because of the asymptomatic nature of the patient's hernia and her medical comorbidities, it was decided that primary repair of the ventral hernia would not be pursued.

A left upper quadrant port site was used to enter the abdominal cavity. Insufflation of the abdomen with CO₂ to a final pressure of 15 mm Hg resulted in extensive expansion of the large ventral hernia (Fig. 1). Under direct visualization, a second port was placed at the superior aspect of the hernia, just above the umbilicus (Fig. 2). Survey of the abdominal cavity revealed adhesions of the omentum to the left pelvic sidewall and a multicystic-appearing mass with filmy adhesions to the right sidewall. Pelvic washings were obtained, the right infundibulopelvic ligament was transected, the mass was placed in a laparoscopic specimen bag, and cysts were drained without spillage of contents. Pathologic analysis of frozen sections revealed benign disease. Instruments were removed, and CO₂ was released from the abdomen. The patient's pain was controlled using an oral pain regimen. Because of her comorbidities, the patient was admitted under observation status, and was discharged to home on postoperative day 1. Final pathologic analysis revealed a mucinous cystadenoma of the ovary. The patient continues to do well.

Fig. 1.
Insufflation of abdomen in a patient with a large ventral hernia.

Fig. 2.
Insufflation and intra-abdominal illumination in a patient with a large ventral hernia.