Ozkan Onal et al., Surgery Curr Res 2014, 4:6
http://dx.doi.org/10.4172/2161-1076.S1.018

OMICS Group Conferences
Accelerating Scientific Discovery

3rd International Conference on
Surgery and Anesthesia
November 17-19, 2014 Chicago, USA

Anesthesia approach to giant ovary tumor in an adolescent patient

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Introduction: Genital neoplasis which occurs most commonly in children and adolescents are ovary tumors. Most of the childhood ovarianmasses are cystic and usually benign. Ovarian cysts do not ususally have any manifestasions and rarely reach giant sizes. Abdominal mass and pain are the most common symptoms. Giant ovary masses may cause problems by exerting pressure on large vessels and adjacent organs. During excision of giant mass, fluid aspiration, severe hypotension or vena cava inferior syndrome may take place.

Aim: The aim of this report was to draw attention to hemodynamic changes and respiratory stress that may develop in patients during operation for intra abdominal space occupying lesions.

Case: A female patient at the age of 15 and weight of 50kg referred to pediatric surgery outpatient clinic with the complaints of abdominal bloating, and pain. With abdominal USG and CT, a cystic mass extending from pelvic area to xyphoid, at the size of approximately 20-30 cm and thought tobe mesenteric and of ovarian origin was observed. For anesthesia induction in operation, 2mg/kg propofol, 2mcg/kg fentanyl, and 0,6 mg/kg rhocuroniums were used. Patient was intubated with atube with an inner diamater of 7,0 no. and was ventilated under low pressure in case giant mass exerts pressure on large vessels. Fluid resuscitation was carried out in order to prevent hypotension that may develop after the excision of the mass. A mass at the weight of 4900gr was removed in operation. Patients was hemodynamically stable during operation and extubated without any problems.

Discussion: Giant mass excisions may lead to morbidity and serious problems with bleeding and hypotension, and electrolyte disturbances. Pressure exerted by the mass on the vessel and positive pressure ventilation may cause venous return to decrease. In association with the supression of sympathic activity by general anesthesia, symptomatic inferior vena cava syndrome and hypothermia may occur. In addition, the risk of aspiration is present due to mass pressure. Therefore, necessary measures should be taken, for monitorization with ventilator, hemodynamic evaluation, hypothermia and coagulopathy.

Conclusion: Giant ovarian cyst excision may lead to life threatening problems due to serious respiratory, cardiovascular and circulatory disturbances. Therefore, it is important that hemodymanic monitorization, fluid balance management and ventilator monitorization be carried out properly.

Biography

Ozkan Onal has completed his medical education at Gazi University Medical Faculty and he was specialized in anesthesiology in Hacettepe University Medical Faculty. He has more than 15 publications in reputed journals in the field of anesthesia.

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