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Complex Pelvic Mass and Endometrial Hyperplasia Mimicking Advanced Malignancy in a Morbidly Obese Female

★ First Prize — Best Paper Presentation Award (2025–2026)

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BACKGROUND

Postmenopausal bleeding accompanied by a complex adnexal mass strongly suggests metastatic disease or synchronous primary gynecological malignancies. Managing these critical clinical flags becomes highly complex when patients present with long-standing metabolic syndromes like morbid obesity and type 2 diabetes.

OBJECTIVE

This case study aims to outline the clinical evaluation and surgical challenges of managing an extensive pelvic mass that closely mimics an advanced genital malignancy in a patient with severe metabolic comorbidities.

WORKING & METHODOLOGY

A retrospective analysis was conducted on a 61-year-old postmenopausal female presenting with persistent vaginal bleeding. The diagnostic approach utilized transvaginal sonography, pelvic CT/MRI, and serum tumor marker evaluation, followed by an intraoperative transition from a minimally invasive laparoscopic approach to an open exploratory laparotomy.

RESULTS

Imaging revealed extreme endometrial thickening (15 mm) and a massive, solid-cystic left adnexal mass (114 × 118 × 90 mm) causing bilateral ureteral compression and pelvic adhesions, despite entirely normal serum tumor markers (CA 125, CA 19-9, CEA). Due to deep pelvic fixation in the Pouch

of Douglas, the surgery was converted to an open laparotomy to successfully perform a total abdominal hysterectomy, bilateral salpingo-oophorectomy, and radical mass excision.

CONCLUSIONS

Severe metabolic syndrome profiles can confound standard diagnostic marker expressions in advanced pelvic pathologies. Immediate intraoperative conversion from laparoscopic to open surgery remains an essential strategy to ensure safe cytoreduction and navigate severe structural distortions.

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