Case study

A Case of Mucinous Cystadenoma Carcinoma

Abstract:

Introduction: Mucinous Cystadenoma carcinoma is a type of tumor in the cyst adenocarcinoma grouping it can occur in the breast as well as the ovary. Tumors are normally multiocular with various smooth thin-walled cysts. Within the cyst is found an emergence or cellular debris. **Patient History:** The female patient 63-year-old who was admitted to AVBRH on the date 21/05/2021 in the obstetric and gynae ward with a chief complaint of generalized weakness, loss of appetite, fever for 2 days 7 days ago, 2-3 fever spikes and burning micturition. All over investigation observed like blood and urine investigation, CT scan of the abdomen, histopathology then the final diagnosis is confirmed as mucinous Cystadenoma carcinoma. **Pharmacology:** The patient was treated with antibacterial medicine, antibiotics, and diabetics, thyroxin stimulating drugs, etc. Management: Inj. Ceftriaxone 1gm 12hourly, Inj.-piptaz 4.45 gm, 8 hourly, tab. Gimipride 0.5mg with tab. Metformin 500mg 12 hourly, tab. Thyrox 62.5 mcg, tab telmisartan 40mg with tab. Chlorthalidone 12.512.5 mg 12 hourly, Inj.-pan 40mg, 12 hourly, Inj.- Neomol 100ml, and Tablet- nitrofurantoin 6 hourly. **Nursing Management:** Monitor the vital sign, monitor nutritional status and monitor random blood sugar. Maintained bed rest of patient, managed the pain level of the patient. The patient was assessed for risk of bleeding. **Conclusion:** The patient was admitted to the hospital with the chief complaint of generalized weakness, loss of appetite, fever for 2 days 7 days ago, 2-3 fever spikes and burning micturition. and the patient was admitted to AVBR Hospital in the obstetric and gynae ward, immediate treatment was started by a health team member and all possible treatments were given and now the patient's condition is satisfactory.

Key Words: mucinous Cystadenoma carcinoma, DJ stenting, medical management, pharmacology

Introduction: -

Mucinous Cystadenoma carcinoma is a benign cystic tumor lined by a mucinous epithelium. It is a type of cystic adenoma (cystadenoma). Mucinous cystadenomata may arise in several locations however mucinous cystadenoma at different locations is not generally considered to be related to one another.

Incidence: -

Benign mucinous cystadenoma composed 80% of the mucinous ovarian tumor and 20 to 25% of benign ovarian tumors overall. The peak incidence occurs between 30 and 50 years of age. Benign tumors are bilateral in 5 to 10% of the cases.

Objective: -

1. To know general idea regarding disease condition.

2. To explore knowledge regarding pharmacology, medical and nursing management.

Patient Information

Patient Present History: -

The female patient 63-year-old who was admitted to AVBRH on the date 21/05/2021 in the obstetric and gynae ward with a chief complaint of generalized weakness, loss of appetite, fever for 2 days 7 days ago, 2-3 fever spikes and burning micturition. All over investigation observed like blood and urine investigation, CT scan of the abdomen, histopathology then the final diagnosis is confirmed as mucinous Cystadenoma carcinoma.

Past History: -

The patient was not having any history of communicable disease, asthma, tuberculosis, but the patient was having diabetes. The patient was COVID - positive. The patient had undergone a DJ stenting surgical procedure on the right side on date 25/05/2021

Causes: - Unknown, Genetic inheritance

Clinical Finding: -

1. Emesis
2. Fatigue
3. Indigestion
4. Constipation
5. Urinary incontinence

6. Abdominal or pelvic pain
7. Increasing Abdominal girth

Diagnosis Evaluation: -

1. History collection-Done.
2. Physical examination- Done
3. CT scan -Done
4. Others: ECG, CBC, Histopathology

Blood Investigation Report: -

Investigation	Patient Value	Normal Value	Justification
Complete Blood Count	11%	13-15.5%	Decreased
1. HB%	92.4cub.micron	80-90cub.micron	Increased
2. MCV	31.2 Pico gm.	26.5-33.5 Pico gm.	Normal
3. MCH	3.51million/cu.mm	4.5-6 million/cu.mm	Decreased
4. Total RBC Count	9600 cu.mm	4000-11000 cu.mm	Normal
5. Total WBC Count	2.4 lacs/cu.mm	1.5-4 lacs/cu.mm	Normal
6. Total platelet count	04 %	4-10%	Normal
7. Monocytes			
KFT			
1. Urea	15 mg%	18-40 mg%	Increased
2. Creatinine	0.9 mg%	0.7- 1.5 mg%	Normal
3. Sodium	133 meq/l	136-145 meq/l	Decreased
4. Potassium	4.4 mmeq/l	3.5 – 5.1mmeq/l	Normal
LFT			
1. Total protein	7.2 gm.%	6-8 gm. %	Normal
2. Albumin	3.7 gm.%	3-5 gm.%	Normal
3. Total bilirubin	0.8 mg%	0.3 – 1 mg%	Normal

RTPCR: - POSITIVE

CT SCAN: - Previous pelvic mass lesion presently measures approximately 5.5 x 6*5.2 shown to decrease in size as compared to previous with mild extension into the urinary bladder lumen. Lesion posteriorly involving adjacent rectosigmoid wall thickening a significant change in the size of compared to the previous CECT

Medical Therapy

Pharmacology Therapy: -

1. Antibacterial medicine
2. Antibiotics
3. Antidiabetics
4. Thyroxin stimulating drug

Medical Management: -

Now patient treatment in the ward is Inj. Ceftriaxone 1gm 12hourly, Inj.-piptaz 4.45 gm., 8 hourly, tab. Glimepiride 0.5mg with tab. Metformin 500mg 12 hourly, tab. Thyroxin 62.5 mcg, tab telmisartan 40mg with tab. Chlorthalidone 12.512.5 mg 12 hourly, Inj.-pan 40mg, 12 hourly, Inj.- Neomol 100ml, and Tablet- nitrofurantoin 6 hourly

Nursing Management: -

The nurse is in charge of prescribing the medication and assessing its positive and detrimental effects on the patients. The pharmacologic therapy type and dosage are determined by the combination of these effects. Actions to assess clinical effectiveness in nursing include:

Observe for signs of difficulty with gait or coordination and monitored for changes in blood sugar levels with co-administered drugs, monitored for pain level and bleeding

Perform an active, passive and isotonic range of motion exercise as appropriate.

Check the bowel and bladder pattern of the patient

Nursing Diagnosis: -

1. Impaired thermoregulation related to hyperthermia
2. Activity intolerance related to generalized weakness
3. Burning micturition related to infection secondary disease condition
4. The imbalanced nutritional pattern is less than body requirement related to low caloric intake and poor outcomes associated with anorexia.
5. Deficient knowledge about self-care activities related to reportable signs and symptoms, treatment modalities and medications.

Collaborative Problems/ Potential Complications: -

1. Torsion
2. Intracyst huge

3. Infection
4. Rupture
5. Malignancy
6. Pseudomyxoma peritonei

Follow up: -

A referral to home care may be suggested for a hospitalized patient depending upon the physical condition of the patient and the availability of family assistance. The patients with mucinous Cystadenoma carcinoma had impaired physical stamina often need home transfer assistance after hospitalization. The home care nurse's assessment of the home's physical environment is important. Suggestions to adapt the home environment to meet the limitation of the patient's activity are significant.

Discussion: -

Mucinous Cystadenoma carcinoma is a type of tumor in the cystadenocarcinoma grouping it can occur in the breast as well as the ovary. Tumors are normally multiocular with various smooth thin-walled cysts. Within the cyst is found an emergence or cellular debris.

Strength: -

The patient was 63 years female tolerate all the medication and well response around 1 month to the treatment of the hospital which was given as a treatment.

Informed Consent: -

Before taking this case, information was given to the patients and relatives and informed consent was obtained from the patient as well as relatives.

Conclusion: -

Mucinous carcinoma is an invasive type of cancer that begins in an internal organ that produces much mucin, the primary ingredient of mucus. The abnormal cells inside this type of tumor are floating in the mucin, and the mucin becomes a part of the tumor. Mucinous Cystadenoma carcinoma is a benign cystic tumor lined by a mucinous epithelium. It is a type of cystic adenoma (cystadenoma).

Reference: -

1. Uterine cervical elongation and prolapse during pregnancy: an old unsolved problem.
2. Yogev Y, Horowitz ER, Ben-Haroush A, Kaplan B. Clin Exp Obstet Gynecol. 2003; [PMID: 14664405]
3. Aleven, V., Stahl, E., Schworm, S., Fischer, F., and Wallace, R. (2003). Help seeking and help design in interactive learning environments, Review of Educational Research, [73, 277-320]
4. Stumbar SE, Stevens M, Feld Z, Cervical Cancer and Its Precursors: A Preventative Approach to Screening, Diagnosis, and Management. Primary care. 2019 Mar;
5. Castle PE, Pierz A, (At Least) Once in Her Lifetime: Global Cervical Cancer Prevention. Obstetrics and gynecology clinics of North America. 2019 Mar; [PubMed PMID: 30683258]
6. Jacob M. Information, education & communication: Corner stone for preventing cancer of the cervix. Indian J Med Res. 2012; 136:182–4. [PMC free article]
7. Ferlay J, Shin HR, Bray F, Forman D, Mathers C, Parkin DM. Estimates of worldwide burden of cancer in 2008: GLOBOCAN 2008. Int J Cancer. 2010; 127:2893–917.
8. Krishnan S, Madsen E, Porterfield D, Varghese B. Advancing cervical cancer prevention in India: Implementation science priorities. Oncologist. 2013; 18:1285–97. [PMC free article] [PubMed] [Google Scholar]
9. Annamma Jacob. A Comprehensive textbook of Midwifery & Gynecological nursing, 4th edition, Published by Jaypee brethren's medical publishers, New Delhi 2015. Page no. 857-866.
10. Dutta D.C. Textbook of gynaecology. 5th edition. Kolkata: New central book; 2008.