

CASE REPORT

BILATERAL OVARIAN MASS COMPLICATING PREGNANCY

Arjumand Bano¹, Triveni J²

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ABSTRACT: A 22 years old patient with 9 months of Amenorrhoea with a abdominal swelling was admitted to our institution with an Ultrasonography report of Bilateral ovarian mass (14.3x5.9cm in left ovary) and (9.5x7cm in right ovary) with internal vascularity with septations along with single live intrauterine fetus. She delivered by elective caesarean section in V/O breech presentation. Left side ovarian cystectomy done Right side ovarian puncture done. Histopathology showed left side–Mucinous cystadenoma. Right Side–Follicular cyst. Mucinous cystadenomas are benign epithelial ovarian tumors which tend to be unilateral, bilateral and multilocular with smooth surface and contain mucinous fluid, 75% of all mucinous tumors are benign, while 10% are borderline and 15% are invasive carcinomas. Benign mucinous tumors are most common in the third to fifth decades of life and may be 20-30 cms in size. The incidence of ovarian cysts during pregnancy is less than 5% and most of them are benign in nature. Giant cysts found in less than 1% of the cases of ovarian cysts with pregnancy.

KEYWORDS: Mucinous cystadenoma, Pregnancy, Ovarian Mass.

INTRODUCTION: Ovarian mass greater than 5 cms are rare during pregnancy according to recent epidemiological studies on ovarian cysts during pregnancy one out of 600 are in most cases benign neoformations. The most frequent histological type reported is mature cystic teratoma (50% of the cases) followed by functional cysts (13%) benign cystadenomas (20%) and ovarian cancer (0.6%).

Mucinous cystadenomas are benign epithelial ovarian tumors which tend to be unilateral, bilateral and multilocular with smooth surface and contain mucinous fluid, 75% of all mucinous tumor are benign, while 10% are borderline and 15% are invasive carcinoma. mucinous tumors are most common in the third to fifth decades of life and may be 20-30 cms in size.¹

The incidence of ovarian cysts during pregnancy is less than 5% and most of them are benign in nature, Giant cyst are found in less than 1% of cases of ovarian cysts with pregnancy.² Torsion is the most common and serious complication of benign ovarian cysts during pregnancy. The cyst may rupture in the peritoneal cavity due to torsion.³

Understanding of benign nature and uncomplicated course of ovarian masses diagnosed incidentally by ultrasound has led to a more conservative but careful and vigilant approach to management of ovarian masses in pregnancy.

Abortion is a common complication of abdominal surgery in first trimester, and in second trimester intrauterine growth restriction and preterm labor can occur. Laparotomy in series was not associated with any obstetric complication.⁴ Although second trimester surgery is safe and ideal, it has increased risk of adverse pregnancy outcome hence, surgical management needs to be reconsidered.⁵

The most common benign adnexal masses during pregnancy are cystic teratomas (36%). Followed by cystadenomas.⁶ Yenicesu GI et al. and Qublan HS et al.⁷ both described removal of ovarian mucinous cystadenomas weighing around 6 kg after caesarean section.⁸

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In the reported cases however either the cysts were removed during pregnancy or the baby delivered by Caesarean section along with the removal of cyst.

CASE DESCRIPTION: A 22 years primigravida at 36 wks with breech presentation, she was diagnosed to have bilateral ovarian mass (14.3x5.9cm in left side; 9.5x7cm in right side) with internal vascularity and septation at 28 wks of pregnancy. She was followed up conservatively till term she underwent planned cesarean section for breech presentation. Left side ovarian cystectomy done and right side ovarian puncture was done. Histopathology showed left side mucinous cystadenoma and right side follicular cyst.

CONCLUSION: Ovarian masses are frequently diagnosed during pregnancy. The majority of these all functional ovarian cysts which resolve spontaneously by the second trimester. Even long persistent masses with malignancy is rare and restricted criteria for ultrasound & tumor markers for diagnosis of malignancy should be kept in mind. Ideal time for scheduled surgery is beginning of second trimester. In selected cases ovarian masses can be followed till term and surgery can be performed during caesarean delivery.

If the ovarian mass is complicated with torsion, rupture or obstruction immediate surgery is to be performed irrespective of gestational age with risk of abortion or prematurity and fetal morbidity.



Fig. 1: Bilateral ovarian mass along with Uterus

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AUTHORS:

1. Arjumand Bano
2. Triveni J.

PARTICULARS OF CONTRIBUTORS:

1. DGO, Department of Obstetrics & Gynaecology, Chalmeda Anand Rao Institute of Medical Sciences, Bommakal, Karimnagar.
2. Post Graduate, Department of Obstetrics & Gynaecology, Chalmeda Anand Rao Institute of Medical Sciences, Bommakal, Karimnagar.

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NAME ADDRESS EMAIL ID OF THE CORRESPONDING AUTHOR:

Dr. Triveni J,
Room No. 523, Girls Hostel,
Chalmeda Anand Rao Institute of
Medical Sciences, Bommakal, Karimnagar,
Telangana.
E-mail: dr.triveni99@gmail.com

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