HUGE OVARIAN CYST IN TERM PREGNANCY
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ABSTRACT: The incidence of ovarian tumor in pregnant women is 1 in 1000\(^3\). The maximum reported size of ovarian tumor in pregnancy is 22 x 18 cms\(^4\). The occurrence of large Ovarian Tumour in full term pregnancy is still rarer. We present a case of third gravida with full term pregnancy having huge Ovarian Cyst of the size 34 x 23 cms. The patient had severe oligohydramnios as if to accommodate the tumour. Probably this case is the largest ovarian tumour reported along with pregnancy.

KEYWORDS: Serous Cystadenoma, Oligohydramnios, Ultrasonography

INTRODUCTION: A 25 year old unregistered symptomless third gravida was admitted with 37 weeks pregnancy with overdistension of abdomen. In early pregnancy she had consulted a practitioner for confirmation of pregnancy. There after she had no antenatal follow up. On examination fundal height was 26 weeks, uterus was full of fetus and rest of the over distended abdomen was filled by tense cystic mass (fig.1&2). Symphysio fundal height was 49 cm. symphysiosternal length was 112cm & Abdominal girth was 132cm. Ultrasound revealed single live intra-uterine fetus of around 36-37 weeks with severe oligohydramnios (AFI- 2 cm), Expected baby weight was 2.7 kilogram, with large cystic mass of internal echoes and thin septations of size 31 x 21 cm occupying all abdomen with downward & outward shifting of uterus. Fetal tachycardia was present so emergency caesarean section was performed\(^1\).

On exploration, she had a huge ovarian cyst while the full term pregnant uterus was pushed to the lower side (Fig. 3). Alive baby was delivered by lower segment caesarean section. The ovarian cyst ruptured while delivering it. It was 34 x 23 cm in size, and approx. 8.2 kg in weight (Fig.4&5) arising from right ovary. The other tube and ovary were normal. Right sided salpingo-oophorectomy was done\(^2\). Her postoperative period was uneventful. She was discharged on the 8th postoperative day. Histopathology report of the removed tumor was simple serous cystadenoma of ovary.

DISCUSSION: The detection of incidental adnexal masses has increased tremendously with almost universal practice of routine ultrasounds in pregnancy. The incidence of ovarian tumor in pregnant women is 1 in 1000\(^3\). The maximum reported size of ovarian tumor in pregnancy is 22 x 18 cms\(^4\). In this case the size of tumor was 34 x 23 cms and the woman attends full term
status with well grown fetus. She only had severe oligohydramnios. Some times in uneventful condition it may be possible to delivered the patient vaginally first and then laparotomy for the adnexal masses, but in this case patient had severe oligohydramnios with fetal distress. Therefore for the safe confinement both procedures were done simultaneously. Ovarian tumours are common at all stages of reproductive life, and their presence in pregnancy is not surprising but probably this case is the largest ovarian tumour reported along with pregnancy.

REFERENCES: