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A Case Report On Ovarian Cyst Complicating Pregnancy.

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ABSTRACT

The reported incidence of adnexal masses in pregnancy ranges from 1 in 81 to 1 in 8000 pregnancies Most of the cases ovarian masses are symptomless and diagnosed incidentely during first trimester ultrasound. The overall incidence of malignancy in an adnexal mass noted in pregnancy is 1-8%. The other risks of ovarian tumour during pregnancy are torsion, rupture and labour obstruction. Here a case of 28yrs G3P1L1A1 with 30weeks and 5days of gestation came with C/O lower abdominal pain since 4 days, pricking in nature. Patient was diagnosed right adenexal cyst without torsion and haemorrhage. Emergency LSCS was done at 32weeks of gestation because the patient was insisting for repeat LSCS even after explaining the outcome of preterm baby, since she could not tolerate the pain. Hence patient was posted for emergency repeat LSCS with right salphingoopherectomy. Patient delivered an alive preterm girl baby weighing 2.2kg with respiratory distress.

Keywords: Adenexal mass, malignancy, pregnancy

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CASE REPORT

28 years MRS. vinodhini MRD NO.417885 With G3P1L1A1 30W+5days as per LMP corresponds with early scan came with chief complaints of lower abdominal pain since 4days with pain in the genitals ,pricking type in nature and on and off. No history of nausea, vomiting, burning micturition and perceives fetal movement well. Patient had irregular cycles for past 3years 6/90 days associated with pain abdomen and passage of clots. Her first pregnancy was conceived spontaneously after 4years of marriage and emergency LSCS was done for pre eclampsia .2nd pregnancy conceived after 2years of first delivery, MTP done at 6 weeks of gestation. On examination general condition was good and conscious.PA uterus is 30 weeks, relaxed, fetal parts felt and FHS good. SPT scar present, not tender and not tense. PV Cervix high up, mid position, short 2.5cms ,rt forniceal tenderness(+),membrane couldn't be felt. Routine investigations within normal limit.USG pelvis shows SLIUG 31WEEKS+1WEEK, breech, AFI 15CMS, placenta fundal anterior, large unilocular right adenexal cyst(ovarian cyst)-8.8 * 7.4cms.Patient got admitted and started on oral antibiotics and Tab. Duphaston 10mg OD , bed rest and foot end elevation.1course of steroid was given .Patient was complaining of on and off pain then Doppler and USG done showed no signs of torsion or haemorrhage. Follow up USG scan done after 2 weeks showed SLIUG 34-35 Weeks in cephalic presentation with cyst in right adenexa (9.1*8cms).Patient complaints of on and off pain so provisionally posted for elective LSCS at 36 weeks. Patient was increasing in intensity of lower abdominal pain. USG shows right adenaxal mass no s/o torion or haemorrhage. Patient was insisting for repeat LSCS ,even after explaining the outcome of preterm baby ,since she cannot tolerate the pain .so patient was posted for emergency repeated LSCS with right sided partial salphingoopherectomy. Patient delivered an alive preterm girl baby weighing 2.2 kg with apgar 5/10, 8/10 with respiratory distress ,hence baby was shifted to higher center. Post operatively period was uneventful and patient got discharged on 4th POD for baby sake .HPE report shows benign mucinous cystadenoma of ovary.

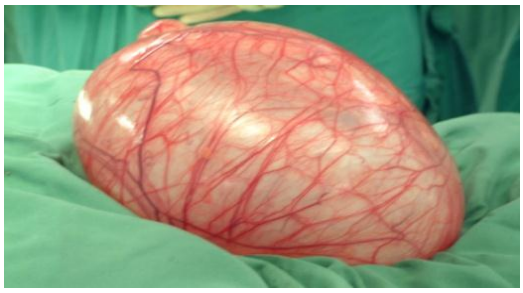

Fig 1

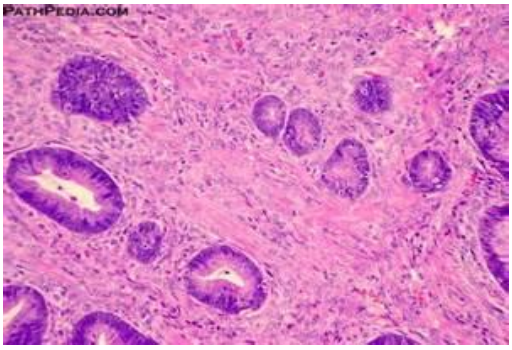

Fig 2

DISCUSSION

Similar to the nonpregnant state, a functional cyst is the most common adnexal mass in pregnancy. A corpus luteum persisting into the second trimester accounts for 13-17% of all cystic adnexal masses [5,6]. Dermoid cyst is the most common ovarian cyst in pregnancy and the incidence is 25% and the incidence of mucinous cystadenoma is 11% [1-4]. Whenever malignancy is present, they are typically germ cell tumors or borderline epithelial ovarian tumors that are commonly low stage and low grade, consequently prognosis of

these women is also highly favorable [6]. Ultrasound is the best method of confirming the diagnosis and the management will depends on it. If the cyst size is less than5cm and if it is asymptomatic the management is conservative.If the size of the tumour is more than 5 cm and symptomatic surgical intervension should be done. Elective surgery in second trimester of pregnancy is safe [7]. Incidence of ovarian surgery required in pregnancy is about 1:1312 pregnancies [2]. Still there is a debate going on whether laprotomy or laproscopy is better in pregnancy? Advocates of laparoscopy emphasize the decreased post-operative pain, less narcotic use, shorter hospital stays, and less need for uterine traction, leading to less uterine irritability associated with laparoscopy. Further-more, laparoscopy results in faster postoperative ambulation and return to regular activity, which is very important in pregnancy because of the increased rate of thrombotic events [8]. The pregnancy outcome is good but the chances of abortion more in case of first trimester surgical intervention.

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