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Case Report

BILATERAL OVARIAN CYSTS IN PREGNANCY

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Abstract

Ovarian cyst encountered during pregnancy carries significant risk to a pregnant woman and intrauterine fetus. Here, we report a case of ovarian cyst diagnosed in the14thweek of pregnancy. The patient was admitted to antenatal ward and a planned laparotomy was performed. Subsequent histopathologyled to the diagnosis of Benign serous cystadenoma of the ovary.

Key words: Ovarian cyst, cystadenoma, ultrasonography, complications, abdominal pain

INTRODUCTION

The frequency of ovarian cysts in pregnancy is reported to be 1 in 1000 pregnancies[1]. With routine obstetric ultrasound examination, ovarian cysts are more commonly diagnosed during pregnancy and their management is still a challenging clinical issue among obstetricians.Any type of ovarian masscan be encounteredin pregnancy, but the most common are cystic. Because pregnant women are usually young, malignant tumors, including those of low malignant potential, are relatively uncommon[2]

CASE REPORT

A 20 year old Primigravidawith 14 weeks gestation presented to the antenatal clinic with pain abdomen for three weeks duration. On examination, her vitals were stable and on abdominal examination a huge cystic mass was felt in the right lumbar region extending uptothe umbilicus. There wasmild tenderness on palpation. On vaginal examination, uterus was 14 weeks size and bilateral fornicealfullness were noted. Ultrasonography showedboth right and left ovarian cyst 13x8 cmsand 6x5 cmsrespectively with a single live intrauterine fetus of gestational age 14 weeks. Her investigationsshowed a normal Ca 125 levelof 25IU/ml. Aplanned laparotomy was done after 1 week of admission with antibiotics, analgesics and progesterone supplementation.

At laparotomy, there was a right ovarian cyst which was 15x8cmsand left ovarian cyst ofsize 7x5cms. Both thecysts were multiloculated, smooth walled and with solid elements. Right ovariancystectomy with left ovarian cystaspiration.On cut section of the right ovarian cyst, yellow serous watery fluid expelled out. Histopathology showed serouscystadenoma. Progesterone supplementationwas continued for 4 weeks following surgery. She was followed up in the antenatal clinic where the rest of her antenatal period was uneventful. Patient had a normal vaginal delivery at 38 weeks and delivered a healthy baby. Postpartum periodwas uneventful.

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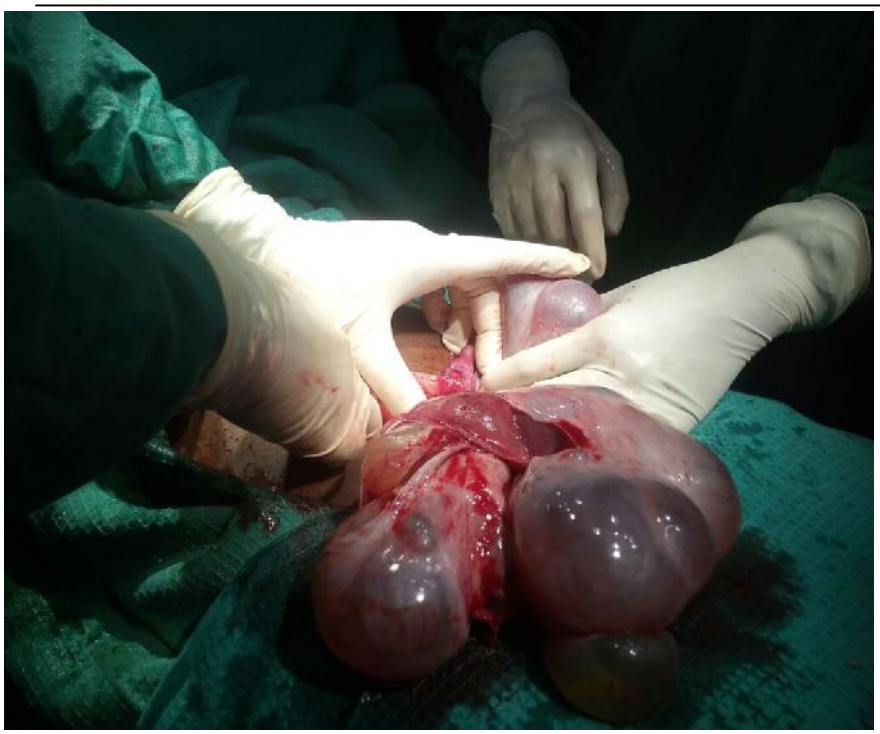

Fig 1: Image showing multiloculated cysts of both right and left ovaries.

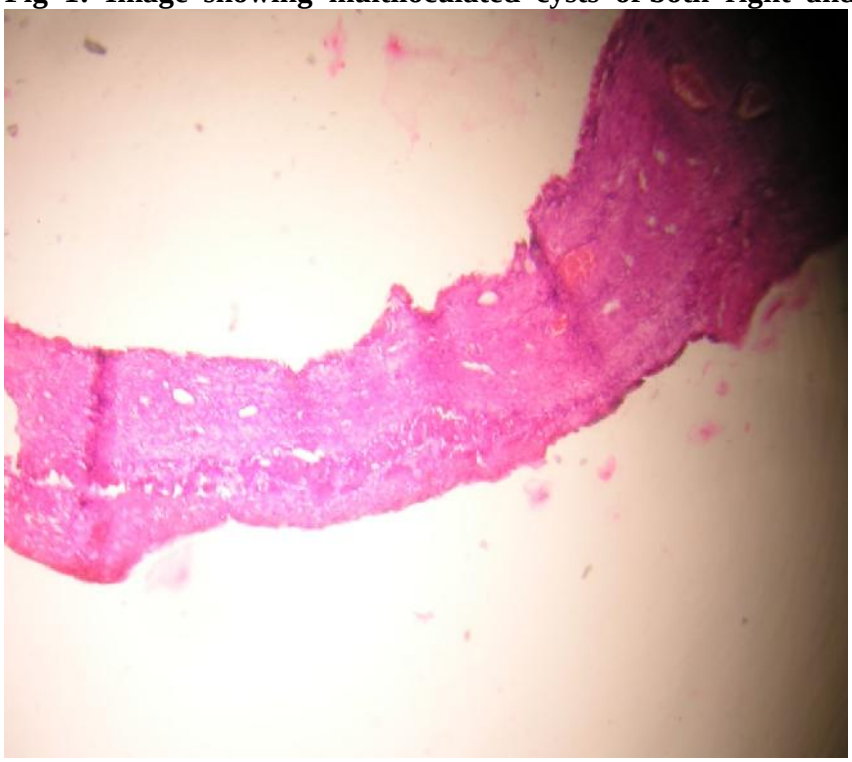

Fig 2: Section studied from cyst wall reveals ovarian stroma lined by flattened to columnar cells.

DISCUSSION

Most adnexal massesare asymptomatic and spontaneously resolve before 16 weeks of amenorrhea. Ovarian cysts with diameter >6cms which persist and enlarge beyond 16 weeks gestation are at risks of complications and need tissue diagnosis and, therefore, surgical evaluation[3]. After functional cysts, most common ovarian tumors diagnosed in pregnancy are benign cystic teratoma, serous cystadenoma, paraovarian cyst, mucinous cystadenoma and endometrioma[4]. Serous cystadenoma are often multilocular, sometimes with papillary components. The surface epithelial cells secrete serous fluid, resulting in a watery cyst content. Psammoma bodies, which are areas of fine calcific granulation, may be scattered within the tumor and are visible on radiograph.

If the ovarian cyst is diagnosed in the first trimester, it is better to wait till 16 weeks when the implantation of pregnancy is more secure and also the cyst may disappear spontaneously. Ovarian cyst can be easily removed till 28 weeks of gestation, thereafter it not only becomes hard to access but also surgery may precipitate preterm labour. Hence the ideal time for surgery is 14 to 18 weeks, because the risk of postoperative abortion is much reduced. If the cyst is discovered within the last five weeks of pregnancy, the best course is to wait until term and performing cesarean section and removal of cyst at the same time[5]. The complications of the ovarian cyst in pregnancy are torsion of the cyst, rupture, infection, malignancy, impaction of the cyst in pelvis causing retention of urine, malpresentation of the fetus and obstructed labour[6].

CONCLUSION

Ovarian cysts are quite frequently diagnosed during pregnancy. The majority of these are functional or physiological ovarian cyst, which resolve spontaneously by the second trimester. If the cyst is persistent and increasing in size, the risk of complications are more and hence surgical removal is needed. Ideal time for scheduled surgery is the beginning of the second trimester. Given the risk of torsion, rupture or obstruction, immediate surgery is to be performed irrespective of gestational age, with due risk of abortion or provoked prematurity and fetal morbidity.

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