



GIANT OVARIAN CYST IN PREGNANCY –A RARE CASE REPORT

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ABSTRACT	Ovarian cyst in pregnancy may have a poor feto-maternal outcome. A 22 year old G2P1L0, previous vaginal delivery at term reported with antenatal ultrasonography (USG) diagnosis of giant unilocular ovarian cyst.Patient delivered vaginally with uneventful intrapartum and postpartum period. Laprotomy done at a later date.Right ovarian cyst was measuring 40x30 cm in size,about 10 kg in weight with smooth surface, no adhesion, no free fluid in peritoneal cavity and a normal right ovary.Rt sided salpingo-oophorectomy was done.Histopathological examination revealed serous cystadenoma. Post-operative period was uneventful.The rarity of the case and its successful management prompted us for reporting along with review of literature.
KEYWORDS	

INTRODUCTION

Incidence of ovarian cysts in pregnancy is less than 1%(1 in1000)and most of them are benign in nature.Giant ovarian cysts are found only in less than 1% cases of all ovarian cysts in pregnancy. Functional cysts are common in first trimester.Beyond 16 weeks of gestation, dermoid and mucinous cyst are found constituting 60% of total adnexal mass during pregnancy. Symptoms and signs are usually related to those associated with pregnancy unless the size is very large or complications like torsion, rupture, secondary changes or infection occur in the cyst. Large size may affect the fetal growth, mal-presentation, obstructed labour, rupture of the cyst in addition to wrongful calculation of gestational age and so also increased maternal morbidity due to overdistension of abdomen. Hormone producing tumour has effect on both mother and fetus.

CASEREPORT

A 22 year old woman G2P1L0 with previous full term vaginal delivery(IUFD) admitted at jay kay lon hospital of GMC Kota with complain of pain abdomen at 38 weeks of gestation age on 28-7-16.She was educated with middle socioeconomic group.Last USG done on 16-7-16 which revealed SLIUP of 34 weeks with a 21x12cm cystic lesion arising from right adnexa.She had history of admission on 23-6-16 with complain of pain abdomen at that time USG was done which was suggestive of SLIUP of 31 weeks with 17x11 cm cystic lesion (ovarian cystadenoma).Patient managed conservatively and discharged after 2 days in stable condition.Her 1st and 2nd trimester were uneventful .In 3rd trimester she had no major complains except pain abdomen.Fetal movement perception was normal. She conceived spontaneously 1 year after previous normal delivery. There was no relevant past and medical history. Her LMP was 2-11-15 and EDD 9-8-16.O/E Her vitals were stable. Bilateral pedal edema was present. Cardiovascular and respiratory system were clinically normal.P/A abdomen seems overdistended uterus was of term size baby in longitudinal lie with cephalic presentation fetal heart rate 140b/m and regular.A freely mobile cystic mass on right side of abdomen felt separately from uterus. P/V OS was closed. Patient kept in observation and left for spontaneous onset of labour.On 31-7-16 she delivered vaginally an alive male child of 2.5 kg.postpartum period was uneventful she discharged 48 hours after delivery. On 1-9-16 she was readmitted with complain of lump abdomen P/A A cystic swelling of 34 week size gravid uterus occupying whole abdomen was present. P/V cervix downward, uterus bulky anteverted fullness in

both fornices 30x20 cm tense,non tender well defined cystic mass felt. Laprotomy was planned but in PAC patient found to be drug allergic. Laprotomy done on 27-9-16.A tense non adherent right ovarian cyst occupying whole of the abdomen was present. Cyst punctured 6 litres of fluid suctioned out cyst exteriorized and right salpingo-oophorectomy was done. Weight of the cyst after removal is 4kg.Left adnexa was healthy. HPE of specimen revealed simple serous cystadenoma of ovary. Patient discharged in stable condition on 2-10-16



Cyst after removal

DISCUSSION

The clinical entity of an ovarian cyst with pregnancy is rare. It may result in serious maternal and fetal complications.Most of the ovarian cysts in early pregnancy are usually detected by USG.Management depends on the symptoms,character of the cyst and gestational age.A cyst of less than 6cm in size, asymptomatic, without features of malignancy is usually managed conservatively.Otherwise elective surgical intervention in second or third trimester or emergency surgery as required is contemplated.Serous cystadenoma is a benign epithelial tumour with thin walled cyst having smooth external surface and contains clear fluid rich in albumin and globulin..It constitutes 40% of ovarian tumours. It is bilateral in 40% cases and chance of

malignancy is 40%.

CONCLUSION

Ovarian cyst in pregnancy must be followed up care fully as the prognosis is unpredictable. Early diagnosis, timely and appropriate intervention is the key to the best of feto-maternal outcome.