



ORIGINAL RESEARCH PAPER

Gynecology

DERMOID CYST COMPLICATING PREGNANCY

KEY WORDS:

pregnancy,dermoid cyst, cesarean section.

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ABSTRACT

The most common ovarian tumor presenting during pregnancy are démodé cysts. usually present in second trimester. Mostly démodé cysts are diagnosed during antenatal period with ultrasound. We report a case primi with 34weeks of gestation with hypothyroidism with right complex ovarian cyst

INTRODUCTION:

ovarian tumours are not common during pregnancy.they are present in 0.3%of pregnancies and usually between 16 _20 weeweeks of gestation.the most frequent benign tumors diagnosed during pregnancy ,are dermoid cyst and cystadenoma.

Dermoid cysts orginate from totipotent germ cells that differentiate abnormally,developing characteristics of mature dermal cells.

Its management depends upon the size,symptoms and duration of pregnancy.

Qublan et al.reported mucinous cystadenoma of 6300gm at 38 weeks of pregnancy.large size of the ovarian cyst may affect the fetal growth,mal presentation,obstructed labour,ruoture of the cyst in addition to wrongful calculation of gestational age and so also increased maternal morbidity due to over over distension of abdomen.

CASE HISTORY

a18 year old primi gravida with 34wks of gestation ,first time came to antenatal OPD ,GEMS Hospital,for antenatal check up,EDD_11/10/21

O/E: GC Fair,BP 120/80mmHg, Temp-98°F,RR-18/min,PR-86/min Abdomen over distended with cephalic presentation and good FHR

USG:Single live foetus 37weeks in cephalic presentation with with Efw -3.1kg,with adequate liquor.also an anechoic cystic lesion of size 17.4X9.9X16.9cm with few internal septations and solod component measuring 5X5cm noted in right adnexa with no vascularity on colour doppler



DIAGNOSIS-Primi with 34weeks of gestation with hypothyroidism with Right complex ovarian cyst

As pregnancy is 34wks remote from from term and size of right complex ovarian cyst is 17.4X9.9X16.9cm,

The patient was kept under observation to go for emergency CS if there is any pain or associated complication or to proceed for elective CS after 37 wks when pregnancy reaches maturity along with ovarian cystectomy.

RESULTS



Investigations:Hb-12.2gm%,Blood group-B positive,S . Creatine-0.5mg/dl,RBS -109mg/dl,TSH-1.78micro iu/ml,CA125-8.80U/ml

As per schedule primary elective caesarean section was done. single live baby presented as vertex delivered ,uterus is closed in two layers .Later ova rian cyst delivered out of size 17.4X9.9X16.9cms with long pedicle ,Ovarian pedicle is clamped, cut, ligated. Right ovarian cystectomy with salphingo - ophorectomy done. specimen sent for histopathology report .

On cut section solid and cystic area .varigated in appearance .cystic areas filled with pultaceous material .solid hair ,tooth, bony area identified.

Multiple section studies ovarian tissue and adjucent cyst wall lined by keratinized stratified squamous epithelium with underlying tissue shows sabeceous glands, hair follicles, neuroglial tissue, focal areas shows intestinal epithelium and glands along with adipose tissue ,mature cartilage and alveolar epithelium



DISCUSSIONS

Dermoid cyst usually presents in the reproductive age group. It is usually asymptomatic and diagnosed on routine ultrasonographic examination .the most common complication is torsion .there have been rare instances of rupture, malignancy transformation.

The rare incidence of rupture is 0.2 to 2.5% due to the thick capsule. cyst rupture can be primary or secondary results in leakage of sebaceous material causing an aseptic inflammatory peritoneal reaction leading to chemical peritonitis. the presentation of ruptured dermoid cyst may be acute or chronic. regarding management if diagnosed in 1st trimester , <5cm no intervention, if >5cm, removal at 17 weeks to avoid rupture and associated complications in future.

CONCLUSION

The pregnancy with ovarian cyst should undergo routine ultrasound at antenatal checkup than normal pregnant ,to know the condition of cyst and if possible can be managed conservatively, as the perinatal outcome is favorable.

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