



**ORIGINAL RESEARCH PAPER**

**General Surgery**

**A RARE CASE OF LUTEOMA OF PREGNANCY IN A PERITONEAL INCLUSION CYST.**

**KEY WORDS:** luteoma of pregnancy , inclusion cyst, benign neoplasm of ovary.

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**ABSTRACT**

Pregnancy luteomas are rare neoplasms of the ovary that are usually benign. The presumed cause of this benign neoplasm is the hormonal effects of pregnancy. They are found incidentally during imaging or surgeries like caesarean and tubal ligation (1). Usually they are asymptomatic neoplasms but there are reports of virilization of the mother or infant (2). In some cases they can cause hemorrhage or torsion. We report a case of luteoma of pregnancy that was found incidentally during the management of a middle aged female patient for pelvic inclusion cyst.

**INTRODUCTION**

The luteoma of pregnancy is one of the rare neoplasms of ovary first reported in 1968 by Dr. WH Sternberg . So far only around 200 cases of luteoma of pregnancy were reported in literature(1). Most of them are asymptomatic, non functional tumors that regress spontaneously post partum. Thus the exact incidence of this condition remains unknown. Usually luteomas of pregnancy are identified incidentally during abdominal imaging or during surgeries like Caesarean section or a tubal ligation(2). The incidence of complications based on the available literature is relatively less. Complications such as virilization of mother or fetus, mass effect, hemorrhage and torsion have been reported(3,4,5).

**Case Study**

A 37/F presented with vague lower abdominal pain for past 3 months. The pain was intermittent and non radiating and there were no other associated symptoms. She is P1L1, caesarean section 15 years back. 2.4 kg girl baby that cried immediately after birth. There was no history suggesting virilization in both mother and the child. Clinical examination did not reveal any significant findings. Patient underwent CT abdomen which revealed a peritoneal thin walled cystic lesion of size 15\*12\*12 cm with enlarged right ovary floating within it. Serum CA 125 level was normal. Patient subsequently underwent elective surgery. The findings were consistent with a peritoneal inclusion cyst and enlarged right ovary. Cyst excision in toto and right oophorectomy was done. HPE revealed luteoma of pregnancy. Post operative period was uneventful.

**DISCUSSION**

The origin of the luteoma of pregnancy is assumed to be the luteinised cells that proliferate abnormally in response to elevated beta hcg levels during pregnancy [1]. The luteoma of pregnancy sometimes mimics ovarian malignancy, make it absolutely necessary to make an accurate diagnosis. In our patient, the luteoma was found inside a peritoneal inclusion cyst. Peritoneal inclusion cysts are uncommon abdominopelvic cyst usually seen in peri menopausal women.

These cysts sometimes mimics ovarian malignancy when they are complex and multiloculated [ 6]. These cysts are lined by mesothelium and they can present as a pelvic mass . They usually arise as a result of previous surgery , pelvic infections or endometriosis [7]. In our case, the patient had underwent Caesarean section which we suspect to the etiology of the inclusion cyst here.

The pregnan luteomas are seen as solid masses with nodules in ultrasonography. This makes it hard to differentiate from other solid ovarian neoplasms. Bilateral involvement is more common in luteomas when compared to ovarian tumors [8]. In our patient neither the Computed tomography nor the ultrasonography revealed only enlarged ovaries. While in most of the cases reported in literature, the patients underwent oophorectomy, these pregnancy luteomas can be managed conservatively. But it requires an accurate diagnosis which at present , with the given knowledge about this condition, is difficult.

**CONCLUSION**

Pregnancy luteomas are non malignant ovarian lesions arising from the stromatolites cells as an abnormal hormonal response. These are usually spontaneously regressing and a radical approach is unwarranted. With more number of pregnancy luteomas getting reported in literature, it is necessary to consider this lesion while encountering ovarian masses.

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