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ADNEXAL CYST IN PREGNANCY

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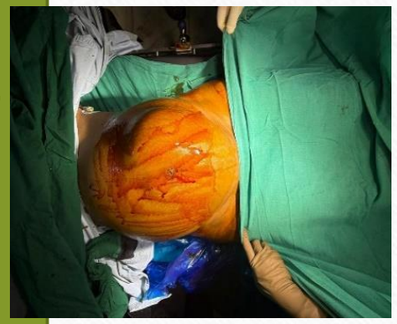
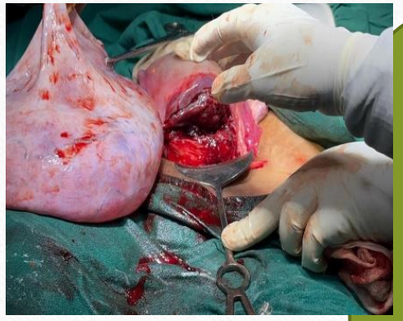
PRESENTATION

G4P2L2A2 with 34 weeks of gestation in cephalic presentation with right adnexal cyst .Patient s first antenatal visit to us was at 28 weeks of gestation with right sided abdominal pain on & off since beginning of pregnancy . Patient had 2 previous full term normal deliveries . Presently patient had no comorbidities.
On examination vitals stable abdomen was overdistended for the weeks of gestation , uterus corresponding to 34 week size , AG-99cm,SFH-34cm,fetal parts could not be assessed, cephalic presentation , relaxed , FHS present in left spino umbilical line.

INVESTIGATIONS

Ultrasound shows single live intrauterine fetus of 28 weeks 4 days in cephalic presentation at the time of scan. Normal fetal color doppler and biophysical profile study. A large cyst measuring 20*12*16cm(vol-2100+/-50cc) noted in the right abdomen with fine internal echoes noted in the right side of abdomen ,extends superiorly till the epigastrium ,inferiorly seen to abut the gravid uterus, anteriorly upto anterior abdominal wall, posterior upto vertebral column , laterally displaces the bowel loops on either side and medially seen to cross midline .





REFERENCES

1. High Risk Pregnancy by James
2. Gabbe

MANAGEMENT

Patient was admitted at 35 weeks of pregnancy with complaints of breathlessness and upper abdominal pain. Steroiding was done with injection betamethasone 12 mg im 24 hrs apart . Tocolytics was given –ing duvadilan 40 mg in 500 ml NS i/v infusion at 8 drops/min over 24 hrs. Elective LSCS with right Salphingectomy with right Ovariotomy done. A single live male baby of weight 2.44 kg was delivered. Histopathology shows features are of Mucinous Cystadenoma of right Ovary.

DISCUSSION

The increased use of prenatal ultrasound , high prevalence of physiologic cysts related to ovulation, and the use of ovulation induction in the treatment of infertility make the evaluation of adnexal mass in pregnancy commonplace in obstetric practice . Large ovarian cysts > 6cms are estimated in 0.5-2 / 1000 pregnancies. Serous cyst-50%,dermoid cysts -30%,functional cyst-20%, mucinous cysts-10%.mostly cysts are asymptomatic but some can present with pain , torsion or rupture or haemorrhage into cyst. Cyst <5cm can be managed conservatively if CA125 is within limits. CA125 has less diagnostic value as its raised in first trimester of pregnancy. A large cyst late in pregnancy may predispose to malpresentation or obstructed labor. Laproscopy and laparotomy are safe in pregnancy. Concomitant ovarian cystectomy at the time of cesarean section depend on number of factors including the size of the cyst or whether any worrying features are present. Complications are miscarriage , preterm labor and tubal adhesions of the fimbria to the incision in ovarian capsule , which may impair future fertility. if lesions appear benign , ovarian cystectomy rather than oopherectomy is the treatment of choice.