Serous Cystadenoma Complicating Pregnancy

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Abstract
The incidence of ovarian mass detected during pregnancy is very rare. We came across a pregnant lady with cystadenoma which we present here.

Introduction
The incidence of ovarian mass detected during pregnancy is 1-2%,1 of which, most are unilateral. The risk of malignancy is 2-3%2 of the ovarian mass detected during pregnancy. Cystadenoma is the second most common benign ovarian tumour during pregnancy next to benign cystic teratoma.

Case Report
The patient, a 21 yr old primigravida, married since 2 yrs, came with 23 weeks of pregnancy with complaints of disproportionate abdominal distension since 6 weeks. On examination her vitals were stable and systemic examination did not reveal any abnormality. Her abdomen was distended up to xiphisternum with fullness of flanks. Fluid thrill could be elicited. Uterus was corresponding to 22 wks pregnancy. On per vaginal examination, uterus could be separately distinguished from the mass. An abdominal sonography showed a large anechoic cystic mass, 17 x 13 cms, situated cephalad to uterus extending from xiphisternum to umbilicus occupying both hypochondrium and lumbar regions. No internal echoes or septations were seen. Single live intra uterine pregnancy of 23 wks with adequate liquor and anterior placenta of grade I maturity was also seen. Her CA-125 was 12.8 U/ml.

Patient’s past menstrual history revealed that she had irregular cycles and was treated for infertility with clomiphene citrate 100 mg (second cycle) for ovulation induction. She had multifollicular response and single IUI was done after documenting rupture on the left ovary on day 15. During follicular monitoring, a cyst of 6.5 x 7 cm was noticed on the right ovary which was left unattended. She conceived in that cycle and no antenatal care was taken during first trimester. She came to our tertiary centre in the second trimester with the above complaints.

In view of large size of cyst, exploratory laparotomy was planned under tocolytic cover. Small midline infraumbilical vertical incision was taken under spinal anaesthesia. In situ findings: Gravid uterus of 22-24 wks size with normal left adnexa. Huge cyst occupying the hypochondrium could be traced to right ovary. Small puncture made over anterior surface and controlled decompression of tumour was done. About 7 litres of straw coloured fluid was drained. Interior aspect of cyst showed yellowish deposits and hence right ovariectomy was done. Tocolysis was continued post operatively and pregnancy continued uneventfully.

Histopathological report showed a serous cystadenoma with fat deposits. The patient was discharged on day 5 and is being followed in antenatal clinic. She is currently 36 wks pregnant.

Discussion
The routine use of ultrasound examination during pregnancy helps detect asymptomatic adnexal pathology at the earliest. Majority of these benign cystic mass resolve spontaneously by 16 wks.3 Adnexal mass > 5 cm with complex sonographic appearance that persist beyond first trimester is more likely to be a neoplasm.4 Due to anatomical, hormonal and vascular changes during pregnancy, higher incidence of torsion, rupture and infection of ovarian cyst has been reported.5 Management of asymptomatic...
mass that fail to resolve by first trimester remains controversial. Close observation is a reasonable alternative to operative intervention during pregnancy unless a malignancy is suspected. Ultrasound guided aspiration of cyst is another modality of management. This could lead to tumour spillage and also repeated attempts in case of recurrence of the cyst till term. Surgery was opted for our patient in view of large tumour size causing discomfort to the patient despite sonographic features of benign tumour.

References

DRONEDARONE FOR ATRIAL FIBRILLATION - AN ODYSSEY
Several clinical trials comparing dronedarone with placebo or amiodarone were reviewed at the advisory committee meeting. Two studies, EURIDIS and ADONIS, assessed the efficacy of dronedarone in maintaining sinus rhythm in patients with nonpermanent atrial fibrillation or flutter and no clinically significant structural heart disease or heart failure. There was a rate of recurrent atrial fibrillation of 64% with dronedarone as compared with a rate of 75% with placebo.