Voluminous ovarian cystoma in term pregnancy: Case Report

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Summary

Treatment of a large voluminous serous cystoadenofibroma during a cesarean section is described. The relative frequency of such pathology in pregnancy and the importance of early diagnosis are discussed.

Key words: Cystoadenofibroma; Adnexal mass; Pregnancy.

Introduction

Ovarian masses are quite rare in pregnancy, especially at term. In the majority of cases diagnosis is made during a routine obstetrical check-up or ultrasound or during a cesarean section (due to different ovarian pathologies) [1, 2]. The latest statistics estimate the incidence to be equal to 1:81 up to 1:2,500 live births.

In 50% of the cases such formations are smaller than 5 cm in maximum diameter, 25% range from 5 to 10 cm in diameter and the remaining 25% are greater than 10 cm in diameter. In 95% of the cases the lesions are monolateral, of which 65% result to be completely asymptomatic until the actual diagnosis is made. The probability that a mass will have malignant characteristics is reported to be one case out of 5,000 to one out of 18,000.

Should an ovarian mass be found and diagnosed in time, the problem arises whether or not to intervene and at which stage of gestation. According to the histotype a decision can be made to proceed with a conservative management or with a radical intervention [3].

We report a case of a voluminous ovarian cystoma, occasionally found in full-term pregnancies, which was detected during an urgent cesarian section due to acute fetal distress during labor.

Materials and Methods

This report is based on our experience with a patient from the Filippines, age 35, height 150 cm, weight 60 kg, a high school graduate and married.

The patient, primigravida (para 0000), was admitted to our clinic on 27/4/2000 at 12:25 am in labor at the 39th week of gestation (last menstruation 24/7/1999; presumed date of delivery 01/5/2000). She reported regular menstrual cycles as to rhythm, quantity and duration. The patient's medical history was difficult to collect because neither the patient nor the family members spoke Italian well.

Objective examination showed a fetal longitudinal situation with a non-fixed cephalic presentation, a 35% shortened uterine neck, a 3-cm dilatation, intact membranes, regular fetal heart

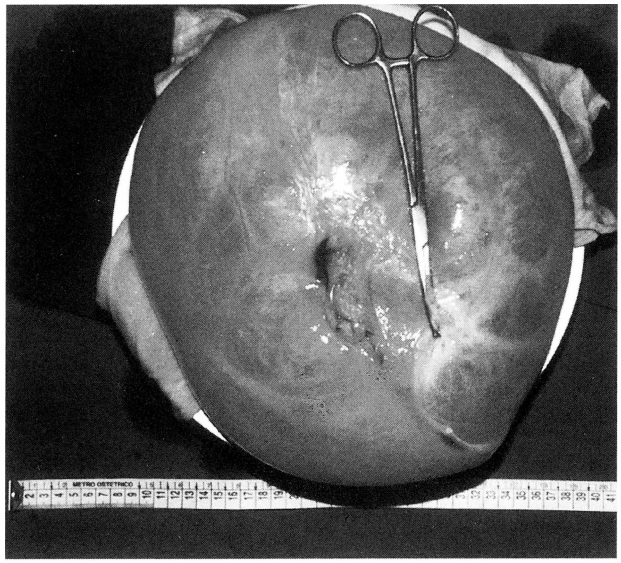

Fig. 1

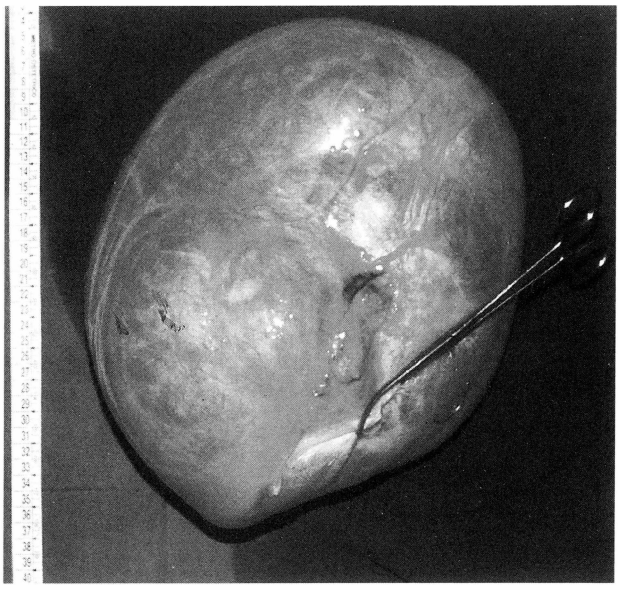

Fig. 2

Figures 1, 2. — Ovarian mass after removal (serous cystoadenofibroma).

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beat and rhythmic uterine contractions of moderate intensity. The patient had visited a public out-patient service and had had three ultrasounds performed at the 11th, 19th and 27th week of gestation (the last was the final exam done during the course of the pregnancy). The ultrasound exams were all done by the same operator.

The first ultrasound documented a fetal increase greater than two weeks with respect to the reported time of amenorrhea. None of the exams revealed adnexal pathology.

The pregnancy had a normal course with a weight increase of 10 kg. During labor, after about one hour and forty minutes of rhythmic uterine contractions of moderate intensity, the cardiotography showed the appearance of late decelerations. Consequently the patient underwent cesarean section and gave birth to a 2,600 g baby boy with an Apgar score of 5 at one minute and 10 at five minutes. No pathology of the newborn was found at birth or during the hospital stay in the neonatal care unit.

Once the hysterotomy was sutured a routine exam of the adnexal region was done and a voluminous mass was found originating in the left ovary including the homolateral salpinges and going upwards following the entire diaphramatic cuff. Due to the large dimension a partial emptying of the liquid content of the cyst (about 6 l) was necessary in order to remove the cystic mass after having performed a left adenectomy. The mass had a smooth, regular surface, a globular aspect and a maximum diameter of about 34 cm with a limpid liquid content (Figures 1 and 2). The internal surface was smooth and without any vegetation. The histological exam revealed a serous cystoadenomofibroma.

The postoperative course of the patient was normal and she was released from hospital with her newborn on the 7th day after removal of the stitches. The postpartum period was unremarkable.

Conclusions

This case shows how ultrasound in the monitoring of pregnancy is often limited to only the observation of the uterine content, the morphology of the gestational sac and embryonic development, without paying due attention to the adnexal region. This determines the misdiagnoses of cystomas such as the one we have described, which could have broken during labor with consequences that can be imagined.

The authors emphasize that ultrasonography performed to monitor pregnancies should not be considered routine and therefore done superficially, and thus there is the need for more attentive evaluation which could avoid risky situations [4].

References

[1] Hess L. W., Peaceman A., O'Brien W. F., Winkel C. A., Cruikshank D. P., Morrison J. C.: "Adnexal mass occurring with intrauterine pregnancy: Report of fifty-four patients requiring laparotomy for definitive management". *Am. J. Obstet. Gynecol.*, 1988, 1029.

[2] Ballard C. A.: "Ovarian tumors associated with pregnancy termination patients". *Am. J. Obstet. Gynecol.* 1984, *149*, 384.

[3] Roberts J. A.: "Management of gynecologic tumors during pregnancy". *Clin. Perinatol.*, 1983, *10*, 369.

[4] Thorton J. G., Wells M.: "Ovarian cysts in pregnancy: does ultrasound make traditional management inappropriate?". *Obstet. Gynecol.*, 1987, *69*, 717.

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