

Poster number (eg 4458737).

Fetal hemorrhagic ovarian cyst causing fetal anemia: a case report

I. Witters , A. Meirlaen, T. Mesens, W. Gysemans, R. Devlieger

Introduction

Fetal ovarian cysts are generally benign and often resolve spontaneously. However, complications such as cystic growth and torsion can occur. Fetal anemia is rare.

Case report

A primigravida presented at 32 weeks with a fetal left hemorrhagic ovarian cyst measuring $51 \times 47 \times 34$ mm(fig). Fetal movements were normal, and the middle cerebral artery peak systolic velocity (MCA-PSV) was below 1.5 MoM.

Re-evaluation at 33 weeks showed an increase in MCA-PSV above 1.5 MoM (80–90 cm/s) suggesting anemia.

Fetal movements and monitoring were normal. An intrauterine transfusion of 45 cc was performed, with a hematocrit of 37% before and 45% after the transfusion.

Delivery took place at term.

The Apgar scores were 9/10, and the cord pH values were normal.

The postnatal hemoglobin level was normal (16.8 g/dL).

Conclusion :

In fetal ovarian cysts with ultrasound signs of hemorrhage, the possibility of adnexal torsion or fetal anemia must be considered, and MCA-PSV should be systematically measured to detect fetal anemia.

When fetal anemia is severe in utero transfusion or delivery should be discussed depending on gestational age.

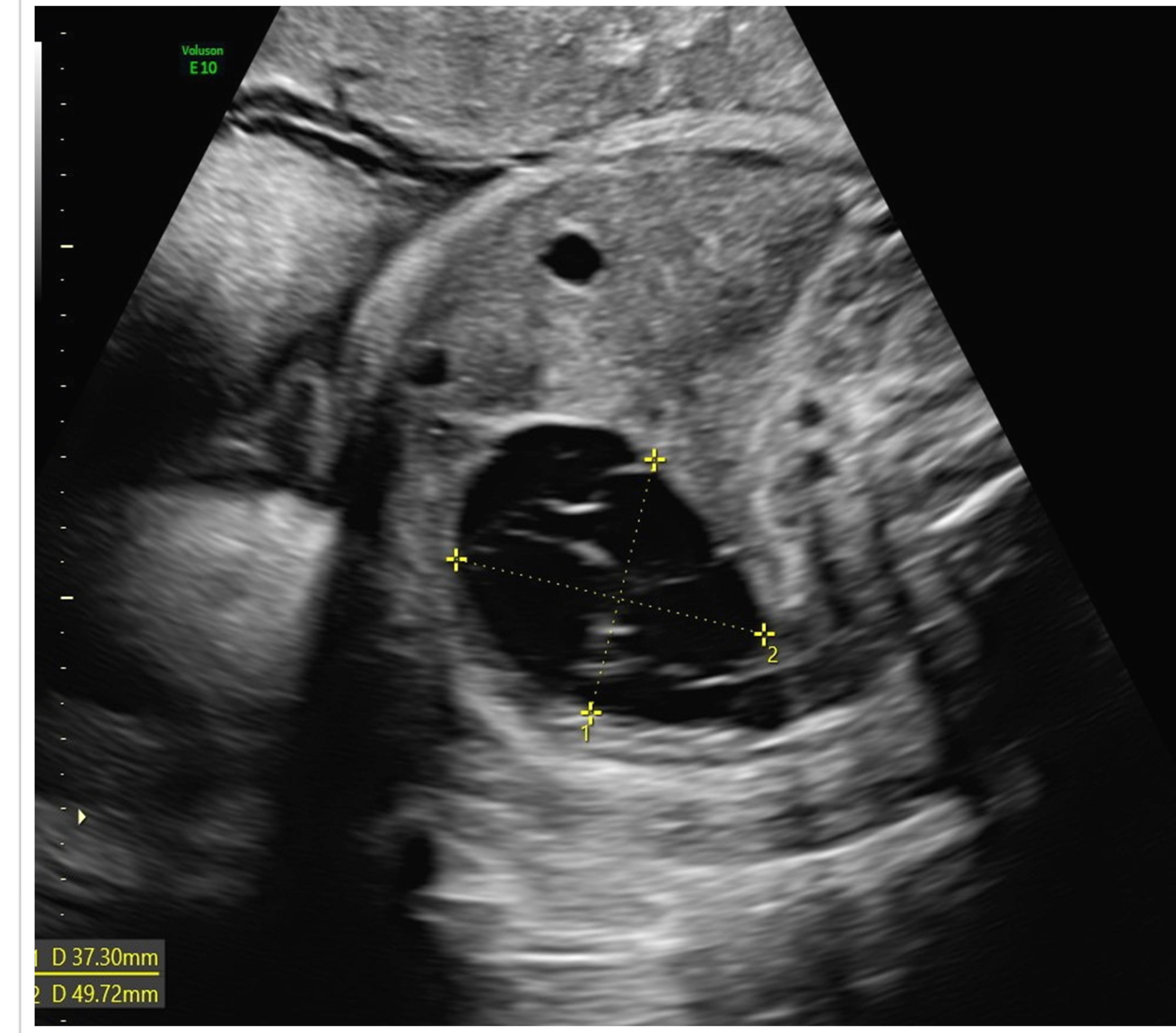


Figure: left hemorrhagic ovarian cyst