

EP15.42

A case report of Torsion in fetal ovarian cyst with wall calcification, antenatal and post natal imaging findings, diagnosis and management.

Dr. Sriveni Sana, NMC Healthcare Ltd, Dubai, United Arab Emirates
Dr. Srikanth Sana, MGM Hospital, Warangal, Telangana, India.

Ultrasound findings

- **32-week primigravida** presented for routine third-trimester growth scan.
- Well-defined **4 × 4 cm fetal lower abdominal cyst** with thin internal strands, without solid areas or vascularity.
- Serial follow-up showed **2 cm interval growth**, with a thin rim of fluid.
- Postnatal ultrasound demonstrated an elongated
- **6.5 × 5 × 4 cm** right abdominal/pelvic cyst extending to the subhepatic region.
- **3 cm echogenic retracted clot** along the medial wall, without definite vascularity.
- **Bulky twisted pedicle with whirlpool sign**, with small wall calcifications.
- Small-volume **free fluid** in the pelvis, left paracolic gutter, subhepatic region and around the spleen.
- Findings favored a **torsed hemorrhagic cyst with wall calcifications and free fluid**.
- Low-dose CT confirmed **wall calcifications**.

Operative findings

- Small amount of hemorrhagic fluid in the abdominal cavity.
- Large, thin-walled cystic lesion measuring approximately **7 × 5 × 6 cm**, arising from the right abdomen and extending into the pelvis.
- Urinary bladder displaced inferiorly, with surrounding structures displaced by the lesion.
- Aspiration yielded approximately **30 ml hemorrhagic fluid**, followed by thick, dark fluid suggestive of hemorrhagic contents.
- Following decompression, the cystic lesion was delivered through the incision.
- Lesion arose from the **right ovarian area**, completely replacing the ovary with no identifiable normal ovarian tissue.
- Small calcification noted in the cyst wall.



HISTOPATHOLOGY

Microscopy: Sections show fragments of cyst wall composed predominantly of fibrous tissue with extensive necrosis, hemorrhage and marked dystrophic calcification. The cyst lining is completely denuded, precluding definitive classification. No viable epithelial or stromal neoplastic component is identified.

Diagnosis: Right ovarian cyst, cystectomy:

Cyst wall with extensive necrosis, hemorrhage and marked calcification.

No evidence of viable neoplasm.

Features are most consistent with an **ovarian cyst with extensive necrosis and calcification, likely secondary to torsion**.

Further classification is not possible due to complete denudation of the lining.

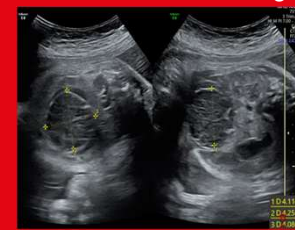


Figure 1
Antenatal
ultrasound
showing fetal
ovarian cyst.



Figure 2. Post natal
ultrasound of
ovarian cyst with
eccentric clot
showing few calcific
foci



Figure 3. Bulky twisted
pedicle of twisted ovarian
cyst

Conclusion

The findings are most consistent with an ovarian cyst with extensive necrosis and calcification due to torsion.