



Introduction

-Adnexal masses are the commonest early pregnancy complications with an incidence rate up to 3%¹
-Most masses are benign, but 5% of them are estimated to be malignant².
-In the absence of national guidelines, a hospital protocol was developed (fig1).

Aim

-Audit the care provided to women diagnosed with an adnexal mass during pregnancy

Design

-Prospective audit from 1/8/2018 to 1/12/2021
-Inclusion criteria:1st & 2nd trimester scans completed in our trust
-Exclusion criteria: ectopic pregnancies
-Electronic records were accessed
-Data was collected pertaining to whether masses were identified and reported correctly, specialist consultant referral was placed and counselling was offered.
-Investigations such as imaging, tumor markers, oncology MDT were followed up.
-Management of the mass, mode of delivery, and further postnatal follow-up were reviewed.

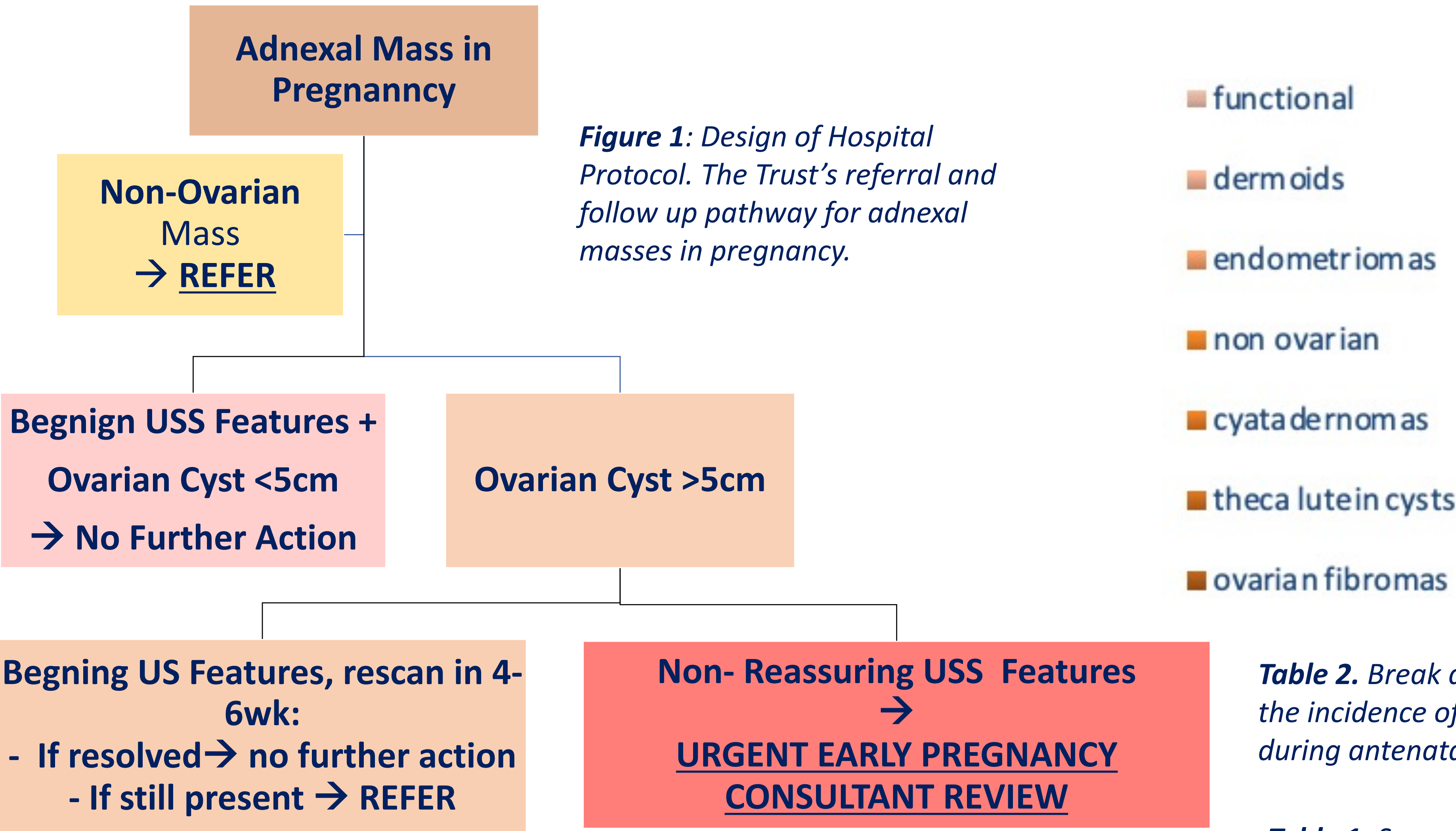
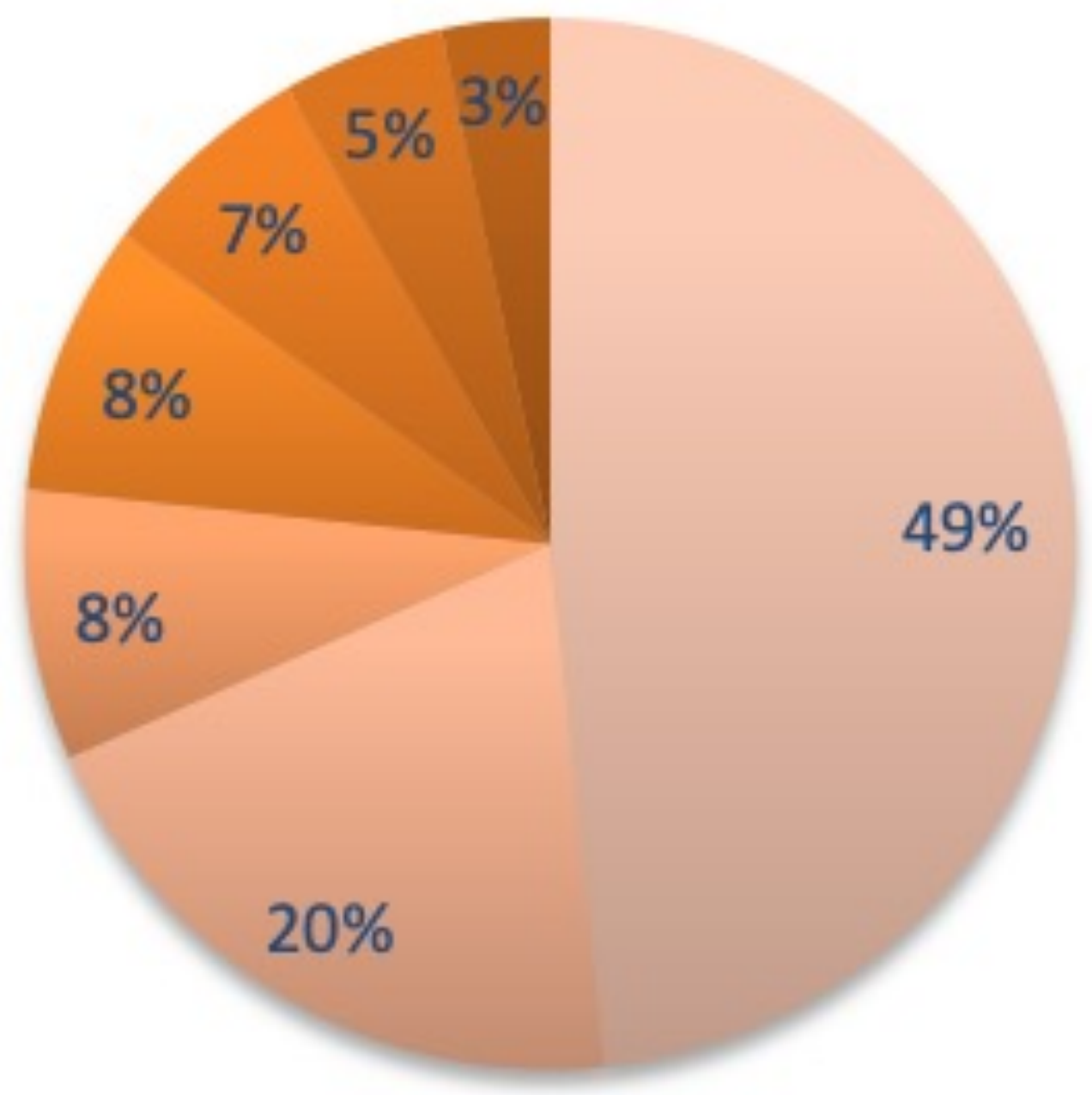


Table 2. Break down of all adnexal masses. This is an illustration depicting the incidence of each of the different types of adnexal masses dectected during antenatal screeninig

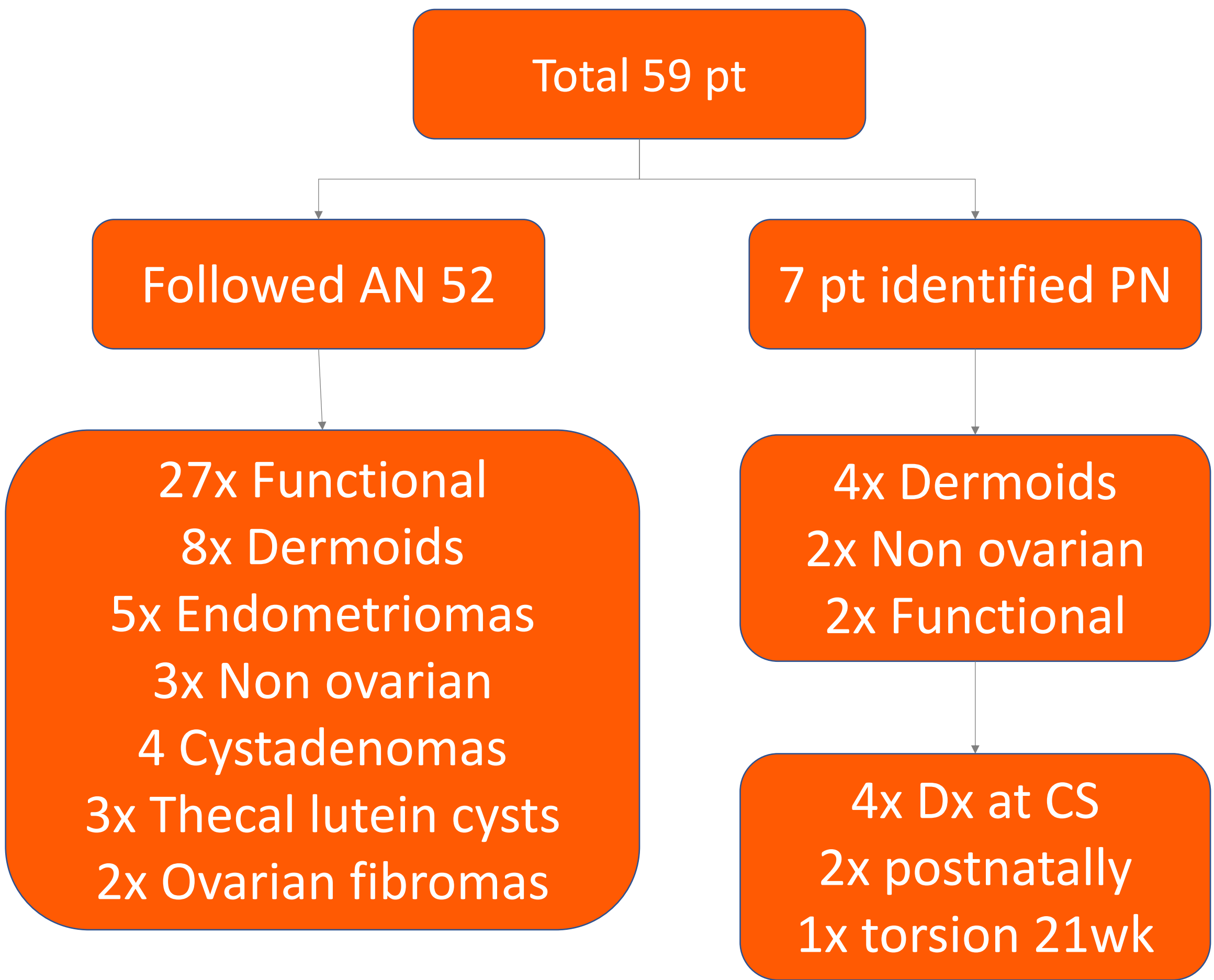
Table 1. Summary of cases. This is a diagram of the patients with adnexal masses and their type of cyst diagnosed.

Results

-59 women had an adnexal mass in pregnancy(table 1,2). The 1st trimester detection rate was 83% and increased to 86.4% after the 2nd scan.

- Review of the adnexal mass at the anomaly scan was not documented in 45.8% of our patients.

- Dermoid cysts were the most difficult to diagnose.



-2 women experienced ovarian torsion in the second-trimester and were managed conservatively.

-1 woman had surgery in pregnancy for a potential borderline ovarian tumor.

-No cases of malignancy were missed

-All identified cases were followed up appropriately through pregnancy and postpartum (table 3).

Total	Consultant review	Further imaging	Tumour markers
-------	-------------------	-----------------	----------------

59 pt 88.1% 33.9% 26.7%

GONC input	Counselling	Mode of delivery	Follow up
------------	-------------	------------------	-----------

11.8% 100% NVD 46% CS 28% 100%

Table 3. Summary of follow up investigations. These tables include the different monitoring options that were selected for each patient.

Conclusion

-Adnexal masses in pregnancy are common
-Surprise masses will always occur
-Appropriate documentation and follow up ensures holistic and greater patient care
-Counselling allowed patients for informed decision making, including consenting for invasive emergency or elective procedures.

Recommendations

-Increase awareness to improving detection rates
-Improve ultrasound documentation and follow up

References

- 1.Martone, S., Troia, L. & Luisi, S. Adnexal masses during pregnancy: management for a better approach. *Gynecol Surg* **18**, 3 (2021). <https://doi.org/10.1186/s10397-021-01084-9>
2. Kwon YS, Mok JE, Lim KT et al (2010) Ovarian cancer during pregnancy: clinical and pregnancy outcome. *J Kor Med Sci* 25:230–234