

MANAGEMENT OF SIMPLE OVARIAN CYST IN PREGNANCY; WITH PIG-TAIL CATHETER- CASE REPORTS

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Objective

We report two cases in which we have successfully managed simple ovarian cysts presented in the second trimester with drainage via pig-tail catheters.

Case report

1st case – a 29 yr old, primi presenting at 19th week with abdominal pain, found to have a right-sided unilocular simple ovarian cyst measuring 16 x 10 x 11cm during ultrasonography. Cyst appeared benign according to IOTA criteria. Ultrasound-guided insertion of the cyst with a pigtail catheter was done by an Interventional radiologist. The catheter was kept for three days and drained 2.2 litres of serous fluid of which Cytology was negative for malignant cells. Cyst regressed completely and didn't show recurrence during the rest of the pregnancy and postpartum.

2nd case – a 30 yr old, para two presented with abdominal pain. Ultrasonography demonstrated a left-sided simple ovarian cyst measuring 7 x 10 x 9cm. As the cyst characteristics were benign, and on our request interventional radiologist performed ultrasound-guided aspiration of cyst fluid via a percutaneous catheter and drained 800 ml of serous fluid, which was negative for malignant cells on cytology. The catheter was removed the same day. Cyst didn't recur in the latter part of the pregnancy and postpartum.

Discussion

Symptomatic simple cysts during pregnancy can be managed with invasive surgical approaches like an open surgery or laparoscopy during the second and the third trimester of pregnancy, but with an increased risk of miscarriage or pre-term labour resulting in adverse fetal outcomes.

The gravid uterus will affect airway pressures during laparoscopic surgery, causing anaesthesia complications. Limitations for the surgeon regarding the laparoscopic approach are the risk of uterine perforation in gestations above 20 wks. In such a context, patients would benefit from lesser invasive approaches like percutaneous aspiration and drainage of the cyst.

It should be reserved for patients with benign cyst characteristics (for simple cysts without solid areas). The use of tumour markers like CA 125, b-hCG, AFP, and inhibin-B have less accuracy as they will be anyway increased during normal pregnancy itself. It is mandatory for urgent cytology of the aspirate and follow-up in pregnancy and beyond.

Conclusion

Our cases add to the existing evidence that simple benign cysts in pregnancy can be successfully managed with percutaneous drainage using a pig-trail catheter with remarkably fewer complications for the mother and the fetus.