



Oophorectomy at Caesarean Section for a Large 33cm Mucinous Cystadenoma: A rare case report.

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Introduction: Adnexal masses are uncommon during pregnancy. Around 7% of women in the world experience ovarian cysts at some point in their life and less than 1% in pregnancy. Due to the regular use of ultrasound in prenatal treatment, the diagnosis has grown more widespread. To avoid antepartum surgery, the adnexal mass can be accurately characterised by ultrasonography. It is paramount that cysts are managed appropriately as they can rupture, haemorrhage, and tort which can have profound consequences.

Case summary: 34-year-old, primiparous, 37+5 weeks pregnant woman with gestational diabetes mellitus and BMI of 52 at booking attended for an elective caesarean section and Oophorectomy. During pregnancy ultrasound showed her pre-existing right ovarian cyst had enlarged and measured 26.70x16.98x26.1cm, with multiple septations (Figure:1). Patient had a midline laparotomy under combined spinal and epidural anaesthesia, lower uterine segment caesarean section and right oophorectomy. Specimen was intact, measured 33 x 24cm and weighed 10.7Kg. Histopathology showed benign mucinous cystadenoma.

Discussion: Adnexal pathology in pre-menopausal female could be screened by using International Ovarian Tumour Analysis rule (IOATA Phase II). During pregnancy USG and MRI remains the gold standard screening tools to detect adnexal pathology due to risk of radiation. Management of ovarian cyst in pregnancy depends on size, nature, symptoms and gestational age. Conservative management is appropriate for asymptomatic small and simple (benign) cysts. Surgery should be considered for symptomatic, large complex (suspicious) cysts. Surgery should ideally be planned for mid second trimester (20-22 weeks). A multi-disciplinary team (involving Obstetricians and Gynae oncologists and radiologists) should be considered when cysts are deemed to be suspicious. Our patient was known to have a benign ovarian cyst prior to conception, she was asymptomatic during pregnancy and therefore was manged conservatively until term despite having a large cyst. Surgery went well without complications and patient recovered well.

Conclusion: With availability of modern diagnostic tools there is increases detection of ovarian masses in pregnancy. Pregnant women with ovarian cysts need to be evaluated thoroughly to formulate an appropriate management plan. Non-ionising diagnostic methods remains the gold standard in pregnancy to characterise ovarian cysts. The indications, risks and benefits of conservative versus surgical management as well as timing and kind of surgery if required, must be carefully reviewed and discussed.



Figure 1: Ultrasound scan from August 2022 (20-week gestation)