

# PREGNANCY WITH OVARIAN TUMOR

## OBJECTIVE:

Most adnexal masses in pregnancy are benign. If malignant, they are of low grade with good prognosis.

## Case:

**History:** Primigravida with 40weeks2days pregnancy with severe pre eclampsia came and admitted in labour room with huge right sided mass along with pregnancy

**O/e:** Uterus was term size and deviated towards left side with huge mass with variable consistency on right side.

**P/v :** cervix short, soft, central and os was closed.

**On Imaging:** massive enlarged ovary with multilocular cyst was found on right side of abdomen.Planned for MRI but patient went into active labour, with severe pain abdomen so emergency laparotomy was done.

**Intra op:** LSCS done delivering alive, term, male baby and uterus was closed in layers and there was right ovarian tumor of 20x20cm mobile with loculated surface.Pedicle was clamped and ligated. Left side ovary was normal.

**Cut section:** shows multilocular cyst filled with haemorrhagic fluid.

Ovarian lump and omentum and fallopian tube sample was sent for HPE.

**On HPE:** Granulosa cell tumor of ovary and infiltration of tumor cells in omentum is seen.

Patient was sent to oncology dept for further chemoradiotherapy.



## Discussion:

Incidence of adnexal mass in pregnancy is 4% in early pregnancy and during c-section is 0.5%. nearly all are benign. Ovarian cancer incidence is 0.004-0.04%. Most are borderline with low malignant potential. Management of ovarian cysts can also be done according to period of gestation. Most common ovarian cysts encountered during pregnancy are corpus luteal cysts. They usually resolve up to 12-16 weeks so follow up can be done till then. There is an additional advantage of waiting till 16 weeks as by this time implantation of pregnancy is more secure and there are less chances of abortion. Persisting ovarian cysts beyond this gestation are managed by simple cystectomy or ovariectomy as indicated till 28 weeks. Beyond this gestation, risk of preterm labour is there if surgical option is considered. Emergency laparotomy is taken up whenever complications arise such as torsion, rupture, hemorrhage, necrosis or features of malignancy.

## CONCLUSION:

Most common ovarian masses encountered during pregnancy are functional cysts of ovary and luteomas being unique to pregnancy. Whenever malignancy is suspected in ovarian tumor during pregnancy, it is generally a germ cell tumor or borderline epithelial ovarian tumor. These are generally of low stage and low grade and consequently prognosis is good. The torsion of ovarian cyst is the commonest complication during pregnancy.

## REFERENCES

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*Category: High risk pregnancy*

*Authors and affiliations: Dr.Bade Prasanna, RIMS, Ranchi,Jharkhand,India*