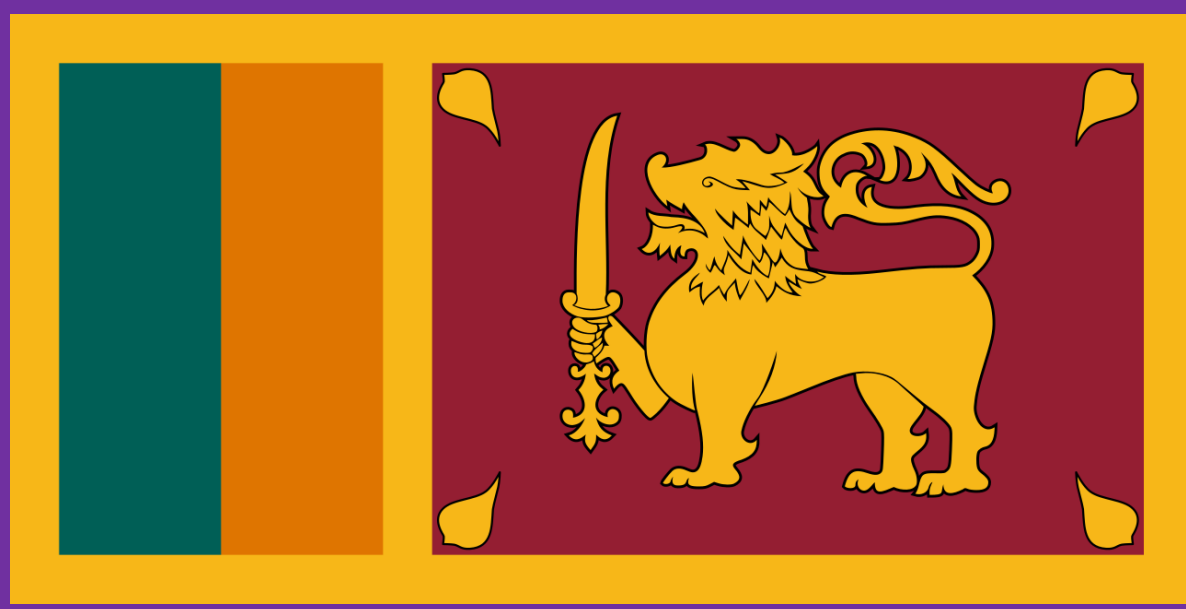




Newborn with a Congenital Ovarian Cyst – A rare clinical entity

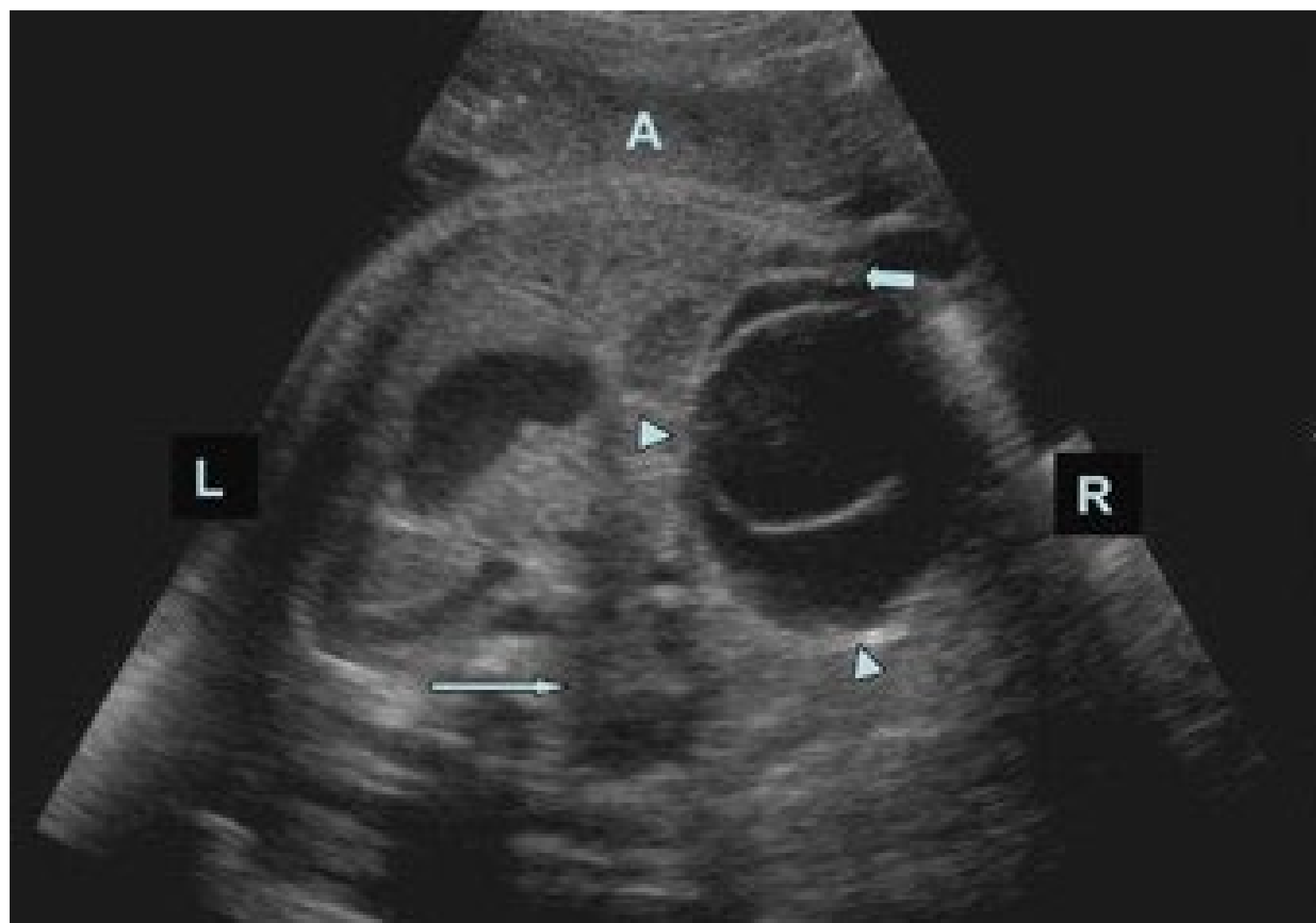
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INTRODUCTION

- Congenital ovarian cysts are rare, with less than a hundred reported cases.
- These can be diagnosed through antenatal ultrasonography (USS).
- Majority are benign, functional cysts of graafian origin and have an excellent prognosis.
- However, complications such as torsion, rupture, hemorrhage, urinary tract obstruction, thoracic compression with pulmonary hypoplasia, and even sudden death are possibilities, especially in large cysts which may occupy a majority of abdominal cavity.
- All complicated ovarian cysts and simple cysts >5cm should be intervened.



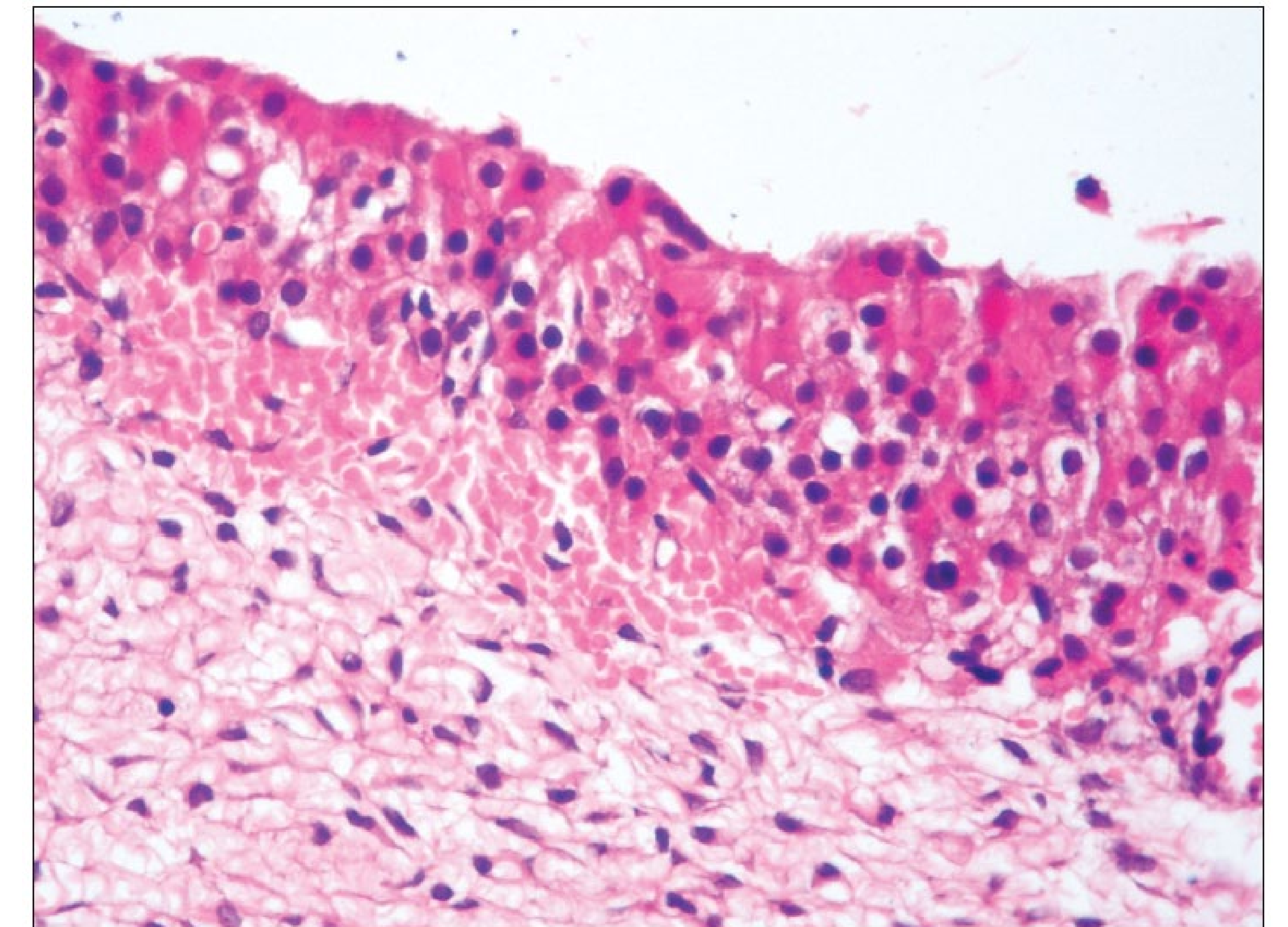
Ultrasound scan of the ovarian cyst

CASE PRESENTATION

- Here we report a case of an infant with a unilateral, progressively enlarging ovarian cyst diagnosed during the third trimester by antenatal USS.
- Child was born with no antenatal or perinatal complications but on the seventh day, the baby presented with abdominal distention and USS revealed a 13.6cm thin-walled simple cyst arising from the pelvis, extending up to epigastric and subhepatic area with displacement of bladder and uterus.
- By two months, the cyst occupied the whole abdomen extending from right to left hypochondrium and filling both iliac fossae.
- Serially repeated USS showed a progressively enlarging ovarian cyst.
- Laparoscopic cystectomy was performed at 3 months. Operative findings were a multilocular, collapsed empty cyst.
- Microscopically, the cyst was devoid of an epithelial lining, and the cyst wall was composed of an ovarian stroma with cystic follicles and oocytes.
- There was no evidence of neoplasm. The diagnosis of a benign congenital ovarian cyst was made.

DISCUSSION

- Antenatal diagnosis and serial follow up in spite of benign radiological features are necessary to identify complicated ovarian cysts that require early surgical interventions.
- Further follow up may be necessary to avoid associated complications



Adapted from - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3425273/>

References

1. Brandt ML, Luks FI, Filiatrault D, Garel L, Desjardins JG, Youssef S. Surgical indications in antenatally diagnosed ovarian cysts. J Pediatr Surg 1991; 26: 276–82
2. Lindeque BG, du Toit JP, Muller LMM, Deale CJC. Ultrasonographic criteria for the conservative management of antenatally diagnosed fetal ovarian cysts. J Reprod Med 1988; 33: 196–8
3. Müller-Leisse C, Bick U, Paulussen K, Tröger J, Zachariou Z, Holzgreve W, et al. Ovarian cysts in the foetus and neonate: changes in sonographic pattern in the follow-up and their management. Pediatr Radiol 1992; 22: 395–400