

Ovarian Serous Cystadenoma in Pregnancy - A Case Report

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Abstract: *The incidence of ovarian tumors concurrent with pregnancy is relatively rare, occurring at a rate of 1 in 1000 pregnancies. Among benign ovarian neoplasm observed during pregnancy, cystadenomas both mucinous and serous and mature cystic teratomas are the most common. Serous tumors typically manifest with abdominal pain, discomfort, and distension. We present a case of a 21 - year - old pregnant woman presenting with abdominal pain and vomiting, ultimately diagnosed with a serous cystadenoma ovary through ultrasound examination. Notably, intraoperative findings revealed characteristic features of the cyst, leading to successful cystectomy. This case underscores the importance of considering ovarian tumors in pregnant patients presenting with abdominal symptoms to prevent potential complications such as ovarian torsion, intrauterine growth restriction, and preterm birth.*

Keywords: Ovarian tumors, Pregnancy, Serous cystadenoma, Ultrasound examination, Abdominal symptoms

1. Introduction

- Incidence of ovarian tumors being co existent in pregnancy is 1; 1000¹
- Most common benign ovarian neoplasm seen in pregnancy are cystadenoma (mucinous or serous) and mature cystic teratomas.²
- Most common presenting features of serous tumors are abdominal pain, discomfort and distension.³

2. Case Report

- A 21 year old pregnant lady reported with complaints of pain abdomen and vomiting since 4 days. Her obstetric history was not significant.
- On examination - tenderness was present in the left iliac region.
- Ultrasound abdomen and pelvis confirmed the serous cystadenoma ovary.
- The calculated RMI is: 17.4 (low risk for malignancy).
- IOTA score: B1

3. Investigations

- Levels of CA125 - 20.7U/ml, LDH - 267/L, CA19 - 9: 4.09U/ml, β - HCG 47888.4IU/ml.

4. Intra - Operative Finding

- On laparotomy, a 5x4 cm cyst, unilocular that drained serous fluid was noted.
- Cyst was unilocular, with congested appearance and with many focal areas of papillary excrescences. Right tube, ovary and uterus were normal. Left ovarian cystectomy was done.
- Histopathology confirmed serous cystadenoma of ovary.
- Postoperatively patient was diagnosed with hyperemesis gravidarum and treated conservatively.



Intraoperative image



Histopathology

5. Discussion

- Ovarian serous cystadenoma primarily occurs unilaterally. About 15 - 25% occurs bilaterally.
- It is a diagnostic challenge to identify the site of origin of such cysts. Ultrasonography is the first modality of

investigation. CECT and MRI can be used to supplement differentiate tumor characteristics.

- Management of ovarian cysts in pregnancy depends on clinical symptoms, USG findings and gestational age.

6. Conclusion

- Clinical features like vomiting, acute pain abdomen and tenderness should not be neglected in pregnancy and the diagnosis of ovarian tumours must be ruled out.
- Early diagnosis and treatment are necessary as these tumours can cause complications like ovarian torsion, IUGR, preterm birth in pregnancy.

References

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