CASE REPORT

Case of Acute Abdomen in Pregnancy Due to Torsion of Ovarian Cyst

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SUMMARY

We hereby report a case ofadnexal cyst in a patient who was 24 weeks pregnant.She presented in emergency with acute abdominal pain and vomiting,on ultrasonography right sided adnexal cyst was seen.Diagnosis of ovarian cystwith torsion made, emergency laparotomy was done.Intra operativefindings were 10x8cm ovarian cyst which had undergone torsion.It was removed and afterwards patient had smooth recovery anduneventful antenatal period.She was delivered by elective LSCS at 38 weeks.Histopathology of patient showed serous cystadenoma.

Keywords: Ovarian cyst, pregnancy, torsion, acute abdomen

INTRODUCTION

Adnexal cyst in pregnancy is not very uncommon with incident of 1 – 4%[1]. Most of them are benign up to 90%, and very less are malignant. The incidence is variable but increasing due to frequent use of ultrasonography in modern obstetrics[1]. Complications associated with cyst include torsion, infection, rupture, hemorrhage, malignancy and obstetrical problems like miscarriages, preterm malpresentation and obstructed labour[2].

Management depends upon symptomatology, patient gestational age, size and characteristics of cyst. Our case report is a similar type in which torsion of ovarian cyst is complicating pregnancy[3].

CASE REPORT

Twenty seven27 years old female married for 3 years, $G_3P_1 A_1$ with previous 1 caesarian section 15 months back, conceived spontaneously, presented in emergency with G/A 24 weeks with lower abdominal pain associated with vomiting since morning. On examination she was vitally stable, abdomen soft but tenderness on right iliac and lumber region was found.Symphisiofundal height was 24 cmand fetal heart sounds were audible. Urgent ultrasonography was done which showed single intrauterine alive pregnancy of 24 weeks. There was a cyst measuring 10x8 cm with thick echoes in right adnexa. She was prepared for emergency laparotomy after fulfilling the prerequisites and completing the work up.

Midline sub umbilical incision was given which was extended up to umbilicus. Right side ovarian cyst of 10x8 cm was seen, the whole of the ovary was enlarged, congested and torsion was visualized. No healthy ovarian tissue was seen. Contralateral ovary was seen which was normal looking. Right sided salpingoophorectomy was done.

Postoperative recovery was smooth. She was discharged and had regular antenatal visits. Rest of the pregnancy was uneventful. Histopathology report shows serous cyst adenoma. She delivered male baby of 3.4kg by elective C section at 38 weeks.

DISCUSSION

Adnexal cystsare usually inadvertent finding on routine obstetrical ultrasonography[3]. They can be functional, benign or malignant[4]. Differential diagnosis of adnexal mass includes gynaecological and non gynaecological masses. Amongst the gynaecological causes commonest are ovarian cysts[1]. Most of the ovarian cysts disappear after first trimester. Adnexal cyst persisting beyond first trimester or increasing in size or having complex features are suggestive of neoplasm[4].

Serous cystadenoma are benign ovarian tumours. They are usually unilateral, unilocular, thin walled and appear as anechoic[1]. Complications associated with them are, torsion, cyst accidents, infections[2]. Torsion is seen in 10-15% of cases of adnexal cyst presenting as acute abdominal pain. Diagnosis is based upon ultrasonography[3]. Tumour markers CA-125, βhcg, are of less importance as they are usually increased in pregnancy but they can be used in follow up of malignant tumours[4].

Management depends upon symptomatology, patient gestational age, size and characteristics of cyst[2,3]. Asymptomatic cysts with size less than 6cm in first trimester are observed with follow up scans. If it persists in second trimester or size is more than 6cm with solid components than surgery is required[2].

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Symptomatic cyst, regardless of size, gestational age needs surgery[5].

CONCLUSION

Adnexal cysts are increasingly detected due to increased use of ultrasonography in modern obstetrics. Management of ovarian cyst in pregnancy is dictated by patient's symptoms, cyst characters and gestational age. Treatment has to be individualized and tailored according to the patient needs. Elective surgical interventions in second trimester appear safest. In symptomatic patients emergency surgery is necessary.

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