

# A Rare Case Report of Accidental Finding of Serous Cyst Adenoma of Ovary during Cesarean Section in Pregnant Lady

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**Abstract:** *The Incidence of ovarian mass detected during pregnancy is very rare. Here we report a case of serous cyst adenoma of ovary in a 22 year old G2A1 with 39.4 weeks gestation which was successfully excised after the delivery of the baby, after that we send that mass for histological reporting were it has been diagnosed. Ovarian cyst in pregnancy are reported to occur once in every 1000 pregnancy.*

## 1. Introduction

The incidence of para ovarian mass detected during pregnancy is 1-2% of which most are unilateral. Cystadenoma is second most common benign ovarian tumour during pregnancy next to benign cystic teratoma<sup>4</sup>.

A paraovarian cyst is a closed, fluid filled sac that grows beside or near the ovary and fallopian tubes. it is usually located on broad ligament between the uterus. it is thought to develop from embryological vestiges(wolfian structure), the external covering of fallopian tubes(tubal epithelium) or smooth serous membrane that lines the cavity of the abdomen(peritoneum)<sup>6</sup>.

paraovarian cyst are usually very small(ranging in size from 2-20 cm. These cyst have little clinical significance, occurring asymptotically as incidental finding during other pelvic examinations and surgeries. Paraovarian cyst are relatively common on account for 10% of all pelvic masses<sup>1</sup>.

The etiology of ovarian tumour usually depends on patient age and therefore, benign masses such as functional ovarian cyst, benign cyst teratomas and serous cyst adenomas are commonly seen in pregnancies<sup>2</sup>. ovarian cyst appearing during the first trimester usually regress in size by second trimester and are thus managed conservatively.

## 2. Case Report

A 22year old second gravida with previous history of one abortion with term pregnancy referred from PHC to our hospital presented with complain of pain abdomen, gradual in onset, intermittent type, mild to moderate grade, radiating to back. She was 41weeks by date and 39.4weeks by dating scan. Her menstrual cycle was regular and married since 4year. She had a spontaneous abortion of 1 and half month pregnancy for which she undergone dilatation and curettage procedure at other hospital 4 year back. Then she conceived spontaneously and took tetanus toxoid injection and calcium iron medication properly.

On dating scan of 6.5weeks, 6.1\*4.2cm cystic lesion with small peripheral solid component in left adnexa in close relation with left ovary has been noted. Then she was advised to do CA125, which came 42.2. But there is no cyst seen in recent scan. patient took capsule sustain 400mg for 15 days and inj progesterone 25mg 5 doses for alternate days

in 2nd pog. patient also give history of tab ecospirin 75mg taken in 7th and 8th pog.

After coming to our hospital patient has been induced prior with carboprost gel, then waited for progress of labour till 6 hours. patient was posted for cesarian section in view of non progress of labour with post datism and delivered a female of 2.5kg. Intraoperatively large left paraovarian cystic mass of 6\*6cm observed, then left cystectomy done. Left ovary and tube has been secured, right side ovary and tube examined and intact. Warm saline wash of intraabdomen done to avoid any infection. Hemostasis achieved and abdominal layers closed. sterile dressing applied No other complications. Later the excised cyst and fluid aspirate was sent for histopathological reporting.

### Gross finding

- Cystic perally white, cut open of 6\*3.5\*0.2cm a small cauliflower like excrescences growth seen on luminal side.
- Aspirated cyst fluid is of yellowish thin turbid fluid.

### Microscopic finding:

- Hstoloy showed fibro collagenous cyst wall lined by a single layer of cuboidal epithelial cell. Nuclei are round, regular, do not show any atypia.
- (B)Smears from aspirated cyst fluid negative for malignant cell.

Suggestive of serous cyst adenoma of ovary.

On post operative day2: CBC and CA125 was sent which were within normal limits. Patient was discharged with healthy suture line on post operative day 7.

## 3. Discussion

In the reproductive age ovarian tumour are mainly unilateral benign cyst, about 70% of all serous cyst adenoma are benign tumour, 5-10% have borderline malignant potential and 20-25% are malignant<sup>1</sup>.

Conservative surgery is appropriate for benign mass and borderline ovarian tumour particularly in women of reproductive age. Benign mass was usually unilateral, smooth, cystic and mobile, patient mostly present with abdominal distention, pain or discomfort and bowel and bladder symptoms. Where as malignant ovarian tumours are

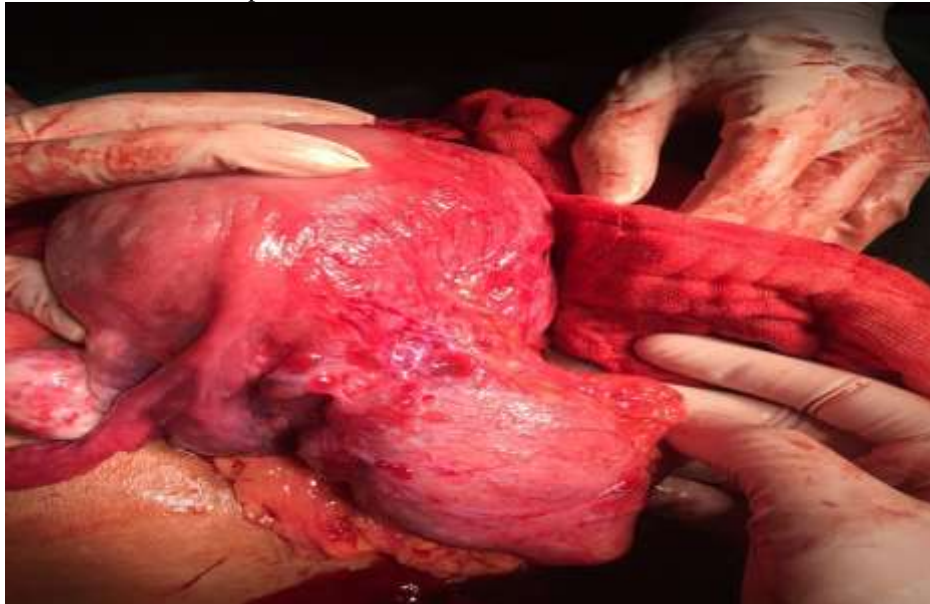
usually bilateral solid, fixed, irregular, grow rapidly and are associated with ascites<sup>2</sup>.

Complications such as torsion, rupture or bleeding into cyst are common specially in big cyst.

In pregnant women, the cyst causes the enlarging uterus to be pushed up out and to the opposite side of pelvic region. Such repositioning may cause abnormal intrauterine fetal positioning and period of gestation to be over estimated. During labour abnormal uterine and fetal position can make

delivery difficult. The decision to remove the mass was taken because cyst appeared to be desectable and to avoid the above complication and to avoid repeated laprotomy.

Due to anatomical, hormonal and vascular changes during pregnancy, higher incidence of torsion, rupture and infection of ovarian cyst has been reported. Our main to present this case was to discuss the rarest occurrence of serous cyst adenoma of ovary with pregnancy.



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