Pregnancy with bilateral giant dermoid cysts and unilateral ovarian torsion
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Objective
We present a case with bilateral giant dermoid cysts and unilateral ovarian torsion removed at laparotomy at 10 weeks' gestation.

Methods
The patient was 18 years old, primigravida pregnant and referred our unit with bilateral pelvic masses. She had a pregnancy of 8 weeks' gestation (Crown-Rump Length: 16 mm) and bilateral cystic ovarian masses about 80x78 mm in the left ovary and 62x55 mm in the right ovary indicating bilateral dermoid cysts. Bilateral ovarian vascularizations were normal by Doppler examination and there was no clinical signs to indicate torsion. Elective surgery was planned at second trimester. Two weeks after this, the patient presented to our emergency room with abdominal pain. Abdominal sensitivity in right lower quadrant was noted and there was tenderness on her physical examination. Ultrasonographic examination showed a pregnancy of 10 weeks' gestation (CRL: 40 mm), bilocular cystic masses in the right ovary about 92x80 mm in dimension, a cystic mass including hypechoic areas in the left ovary about 74x68 mm in dimension. Vascularization in the right ovary could not be seen with Doppler examination. Decision for laparotomy was made.

Results
During abdominal exploration, the right ovarian cystic mass was about 9 cm in diameter, rotated around the right mesovarium three times, and appeared oedematous and purple-colored due to compression of vascular bed. The left ovarian cystic mass was bilocular and about 7 cm in diameter. Right ovarian mass was untorted and the dermoid cyst (about 7 cm in diameter) was excised with its capsule and the ovarian perfusion returned to normal. The left ovarian mass was excised in the same manner. Maximum effort was carried out in order to leave the ovarian tissue as well. After the operation, 17 hydroxyprogesterone caproate was administered as intramuscular injection was offered. The patient was observed for three days postoperatively and made an uncomplicated recovery. Her pregnancy was followed up without any problems for three months after the operation. She was delivered by vaginally at 40 weeks.

Conclusion
Dermoid cyst (Mature cystic teratoma), the most common type of primordial germ cell ovarian tumors is usually benign and asymptomatic. It can be malignant in 5% of cases. Torsion is the most common complication. Ovarian (adnexal) torsion is defined as twisting of the ovarian (adnexal) mass around itself and compression of its vascular pedicle. The incidence of torsion in pregnant patients with ovarian cyst persisting during pregnancy is approximately 15%. Adnexal torsion is more frequently during 10-17 weeks' gestation, but it can also be seen in subsequent weeks and at any time after child-birth. Surgical excision is offered for dermoid cysts larger than 6 cm in diameter and persisting about 16 weeks during pregnancy.