A case of a large mucinous cystadenoma in pregnancy

Kirbas A, Ersoy AO, Sanhal C, Yucel A
Zekai Tahir Burak Women's Health Education and Research Hospital, Ankara, Turkey

Objective
Ovarian tumors represent approximately 30% of genital tumors, being the most frequent being germ and epithelial tumors. During pregnancy the incidence of ovarian cysts is less than 5%, and they are almost always benign. Mucinous cystadenomas are benign epithelial ovarian tumors, which tend to be unilateral and multilocular with smooth surface and contain mucinous fluid.

Methods
In this report we present a case of a huge mucinous cyst adenoma of the ovary diagnosed in the 37th week of pregnancy.

Results
A 31-year-old pregnant woman who booked late into her pregnancy was admitted to our clinic due to abdominal pain and watery vaginal discharge since the previous evening at 37 weeks gestation. She was diagnosed with a huge cystic mass arising from the right adnexa two weeks before. It was learned that she didn’t accept any investigation. Sonographic examination demonstrated a huge, unilocular ovarian cyst measured 80 x 110mm and a living fetus of about 37 weeks gestation (Figure 1). At the same time, a cesarean section was performed because of fetal distress and a male weighing 3200 gram without any gross abnormalities was delivered. A large tumor of the right ovary was removed (Figure 2). The external surface was pinkish and smooth, while the inner surface contained multiple trabeculae, but no solid or hemorrhagic areas were seen. The postoperative course was uncomplicated. Histopathologically, the tumor proved to be a benign mucinous cystadenoma.

Conclusion
Mucinous cystadenomas are benign epithelial ovarian tumors that are characterized by multilocularity, smooth outer and inner surface, and by containing mucinous fluid of variable consistency. These tumors tend to be large, unilateral cysts, sometimes reaching enormous proportions and yet still remaining benign. They are usually discovered incidentally or are present as an abdominal mass with or without abdominal symptoms. With the increase in the use of ultrasound in the first trimester of pregnancy, the reported incidence of the ovarian cyst with pregnancy is also increasing. All ovarian cysts during pregnancy should be followed up ultrasound to prevent their adverse effects on pregnancy. If the cysts fail to regress or if they increase in size, surgical intervention is required (preferably in the second trimester). Patients in whom an asymptomatic mass is noted at or near term may be considered for delivery via Caesarean section with thorough surgical evaluation of the adnexa.