SURGERY FOR ANTENATALLY DETECTED OVARIAN LESIONS: ARE WE DOING TOO MUCH?

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INTRODUCTION

- Antenatally detected ovarian lesions are commonly benign follicular cysts
- In the foetus, these cysts respond to maternal and placental hormones in addition to foetal gonadotrophins; postnatally, these hormones reach quiescent levels
- Surgical management is associated with an increased risk of unnecessary oophorectomy
- Our aim was to evaluate our management of antenatally detected ovarian lesions as a tertiary-level paediatric surgical unit

METHODS

- Retrospective review of infants undergoing surgery for antenatally detected ovarian lesions from 2013-2018
- Clinical and demographic data, pre-operative imaging, surgical procedure, histology and follow up information were collected

RESULTS

- Figure 2 – Patient cohort according to management
  - 11 patients identified
    - Median age 17d (1d – 5m)
  - 10 Surgically managed
    - Median age 16d (1d – 5m)
- 1 patient had bilateral lesions managed conservatively
- Surgically managed (n=10)
  - 2/10 were emergencies
  - All patients had simple cysts confirmed as benign follicular cysts

PROCEDURE

- Figure 3 - Surgical Procedure

HISTOLOGY

- Figure 4A - presence of viable ovarian tissue in oophorectomy patients
  - 3/5 had visible ovarian tissue seen on histology
- Figure 4B - presence of viable ovarian tissue in OSS patients
  - All patients had viable ovarian tissue seen on histology

KEY FINDINGS (n=10)

- Oophorectomy (n=5)
  - 3/5 had visible ovarian tissue seen on histology
- OSS (n=5)
  - All patients had viable ovarian tissue seen on histology

FOLLOW UP

- OSS (n=5)
  - All patients seen in follow up clinic
    - Median duration 6 weeks (1-8)
  - 1 of 4 ultrasounds scans (USS) performed visualised the affected ovary

CONCLUSION

- Our results suggest that oophorectomy may have been performed unnecessarily in some patients
- Given the natural history of benign follicular cysts, we advocate conservative management of asymptomatic lesions with serial USS
- If emergency intervention is required, ovary sparing surgeries should be primarily considered