

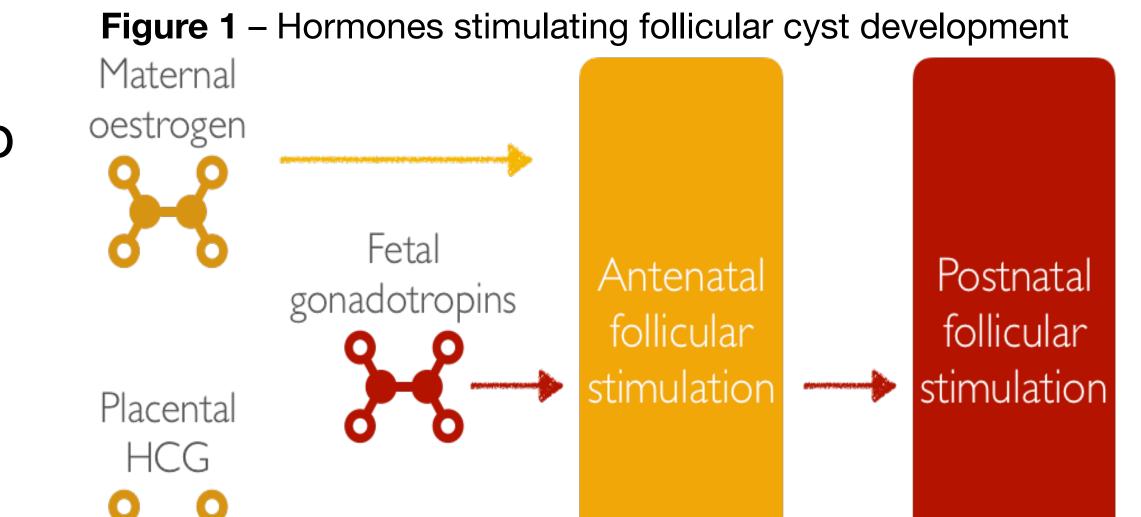
University of London

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

Karavadara D, Lo S, Davidson J, Diab Y, Bader M, Upadhyaya M

INTRODUCTION

- Antenatally detected ovarian lesions are commonly benign follicular cysts
- In the foetus, these cysts respond maternal and placental hormones in addition to foetal gonadotrophins; postnatally, these hormone 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



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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

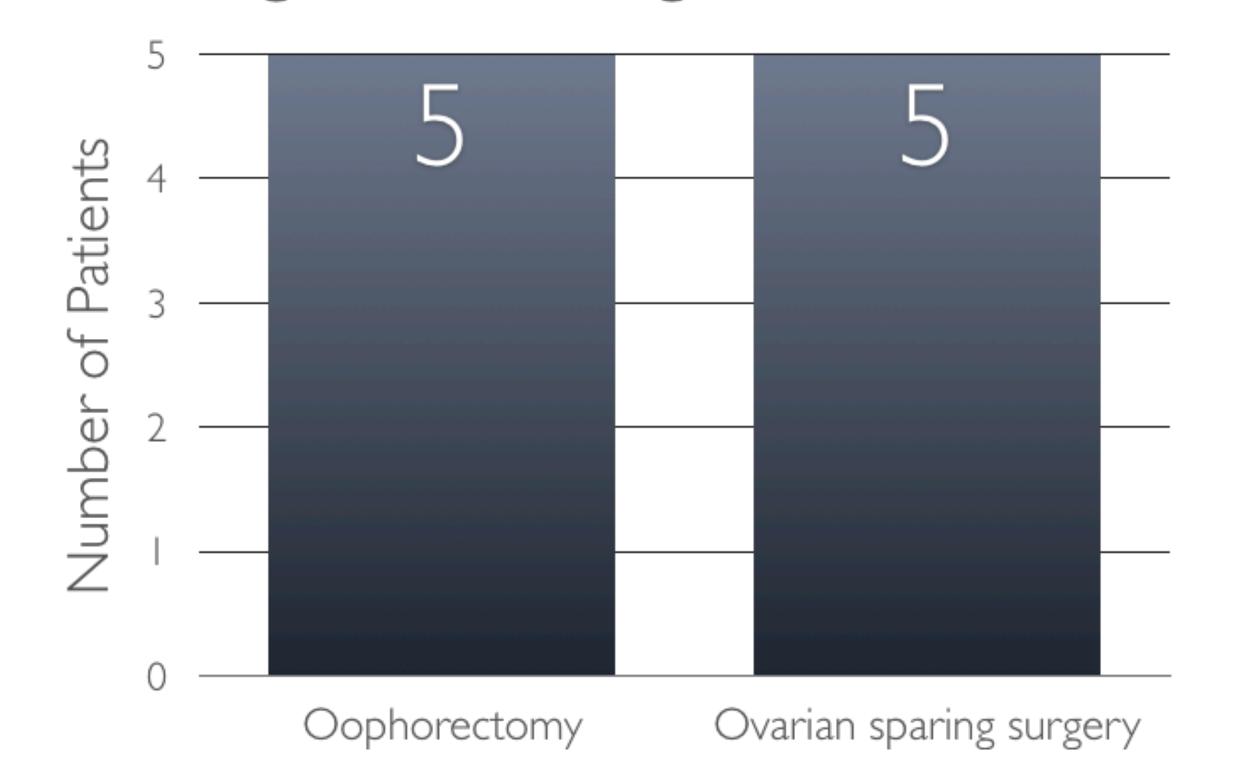
RESULTS

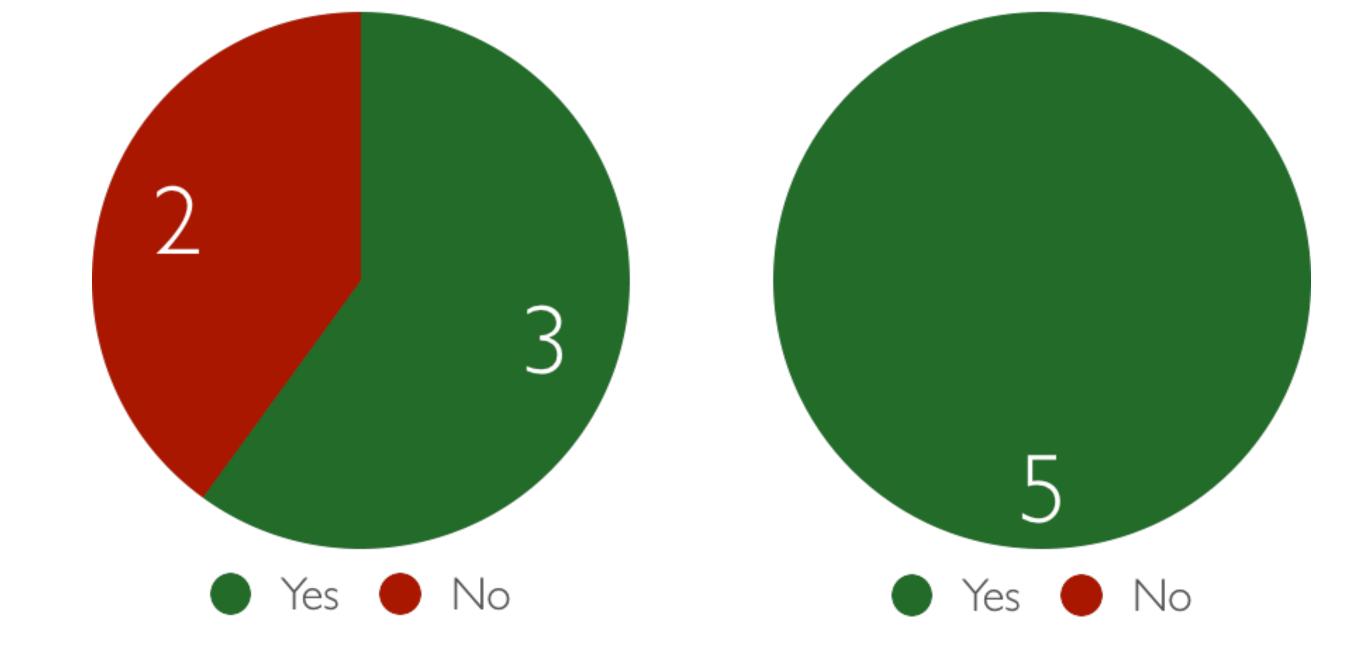


- 1 patient had bilateral lesions was managed conservatively
- Surgically managed (n=10)
 - 2/10 were emergencies
 - All patients had simple cysts confirmed as benign follicular cysts

PROCEDURE

Figure 3 - Surgical Procedure





KEY FINDINGS (n=10)

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

FOLLOW UP

KEY FINDINGS (n=10)

- Oophorectomy (n=5)
 - 1/5 autoamputation, 2/5 visible ischaemia, 2/5 no visible normal ovarian tissue

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