



Successful Pregnancy Outcome after Laprotomy (A Case of Pregnancy with Ovarian Tumour)

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Introduction

Most common ovarian masses encountered during pregnancy are functional ovarian cysts including follicular and corpus luteal cysts. The other ovarian masses in order are benign cystic teratomas, serous cyst adenomas, mucinous cyst adenomas and endometriomas.

Torsion of ovarian tumour is commonest complication during pregnancy. The diagnosis is established by the characteristic history, presenting complaints of patient, examination findings and it is confirmed by transvaginal ultrasonography. Whenever, this condition is encountered, it is important to go for immediate surgery.

Aim

To present a case of successful pregnancy outcome after laprotomy

Setting- Department of Obstetrics and Gynaecology, Katihar Medical College, Katihar

Case Summary

A 26 year old Primigravida with 2 months amenorrhea presented in obstetric casualty with chief complaint of acute pain abdomen since morning. Pain was all over abdomen with no

aggravating or relieving factors. There was no history of nausea, vomiting, fever, syncopal attack, bladder or bowel complaints. There was no history of discharge or bleeding per vaginum. Her previous menstrual cycle was normal. There was no significant past, personal or any surgical history.

On examination

BP- 100/70 mmHg

PR- 120/min

Afebrile, temp 98.6 F

Pallor +

No icterus, cyanosis, clubbing, lymphadenopathy, edema

Per abdomen: Uterus height corresponds to 16-18 weeks size of gestation, tenderness ++

Immediately preliminary investigations and ultrasonography done.

Investigation

Hb-9.6 gm%

ABORh- O positive

HIV- Non reactive

HBsAg- Non reactive

AntiHCV - Non reactive

Platelet count- 3.3 L/cmm

RBS – 118 mg/dl

Sr. Urea- 28 mg/dl

Sr. Creatinine- 0.8 mg/dl

Sr. Bili- 0.7mg/dl

SGOT- 36 IU/L

SGPT- 42 IU/L

ALP- 140 IU/L

TLC- 14000 cu/mm

ESR- 20 mm/hr

USG- A single live fetus of 8 weeks gestation along with left side large ovarian tumour measuring 10x11 cms

Operative Procedure

After all preliminary investigations, patient was taken up for emergency laprotomy in view of suspected torsion of ovarian tumour.

Per-operative gross morphology was – pedunculated left sided large ovarian tumour of size approx (10X 12 cms) with torsion, twisted twice around the ovarian pedicle with compromised vascular supply of nearby tissue. The left fallopian tube was twisted at the cornua and stretched over the tumour.

The pedicle of ovarian tumour was untwisted and left salphingo-oophorectomy was done.

Other side ovary and fallopian tube were found normal. Hemostasis secured and abdomen was closed in layers. Specimen sent for histopathological examination.

Post Operative Period

She was given injectable antibiotics with uterine relaxants.

Post operative period was uneventful and patient was discharged on 8th postoperative day and to be followed on OPD basis. Histopathology report came out to be MUCINOUS CYSTADENOMA.

Post Discharge Antenatal Care

Patient was under regular antenatal check up with supplements of Iron, Calcium and support of Micronised Progesterone. At the end of 37 completed weeks of gestation, She delivered a term single live female baby of weight 2.4 kg by LSCS.

Discussion

Ovarian tumour can cause severe, acute or intermittent symptoms caused by torsion, intraperitoneal rupture or bleeding in ovarian tissue. These conditions can represent a true surgical emergency or urgency and their diagnosis can be challenging.

Frequency of ovarian tumours being coexistent with pregnancy is 1:1000 and among these frequencies of being malignant is approx 1:15000 to 1:32000 pregnancies. Torsion is most common and serious complication of benign ovarian cysts during pregnancy.

Ovarian torsion therefore occur most commonly during 1st trimester, less commonly during 2nd trimester and rarely during 3rd trimester.

The mucinous cyst adenomas are one of the benign epithelial ovarian tumours, which tend to be unilocular and multilocular with smooth surface and contains mucinous fluid.

They comprise of 12-15% of all ovarian tumours. Around 75% of all are benign, while 10% are borderline and 15% are invasive carcinomas.

Conclusion

After thorough review of history, examination and investigation exploratory laparotomy with left sided salphingo-oophorectomy was done for large ovarian tumour (10x11 cm) approx with torsion. With proper post operative care and antenatal check-ups she delivered a full term healthy female baby at 37 completed weeks of gestation.

So, timely intervention can significantly decrease, morbidity and mortality of both mother and baby.

Bibliography

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