CASE REPORT

Pregnancy with Malignant Ovarian Cyst in 25-Year-Old Female

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Introduction

The reported incidence rate of young pregnant females having ovarian malignancy is 1 in every 12,500. We report in this article a case of 25-year-old pregnant lady who after surgical intervention delivered a healthy male child weighing 2.75 kg. The case is discussed in detail with a comparison with longest available series in literature [1].

Case Report

A 25-year-old female presented with pain in abdomen with amenorrhea of 10 weeks in mid July, 2011. On examination, her vitals were found normal, and she had uterine size of 10 weeks upon per vaginal examination. A mass was felt within the right fornix. Routine investigations were carried out, and her condition was found to be normal, with CA 124 being found to be 40.57 Units/ml. USG examination was undertaken, and the observations were reported.

USG Report

USG reported a single live fetus with maturity of 10 weeks and 4 days together with a cystic lesion in right ovarian

complex. The right ovarian complex measured 89×78 mm in size, while left ovary was normal in size (Fig. 1).

Patient was advised surgery in the form of medical termination of pregnancy which was refused by her on religious grounds. Surgery in the form of laparoscopic removal of ovarian cyst was undertaken after due consideration and explanation to the patient about surgical as well as anesthetic risks. Under G/A laparoscopic-assisted removal of ovarian cyst without uterine manipulation was done, and specimen was removed in endobag.

Histopathology reporting evidenced mucinous intra-epithelial carcinoma with foci of micro invasion of right ovary. Immunohistochemistry was advised, and it was reported to be a case of primary ovarian mucinous adenocarcinoma. The tumor cells strongly express CK-7 with focal and weak expressions of CK-20 and CDX2 (Fig. 2).

Opinion of medical oncologist was also sought for and report obtained. CA 125 was 40.57 U/ml on 14/06/2011 and 23.9 U/ml on 28/06/2011 CA 19-9 G1 marker on 28/06/2011 was 9.14 U/ml.

Second-look laparotomy for staging was planned, and during this surgery, omentectomy with lymph node sampling was done. Nodes were sent for histopathology. Specimen did not show any evidence of residual disease.

Post-operative monitoring with serial examinations of CA 125-15.67 were done on day on 21/11/2011 (Fig. 3).

Patient regularly visited for antenatal care and delivered a male baby of 2.750 kg at weeks. Normal delivery was assisted with episiotomy. All serial investigations

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Fig. 1 Ultrasonography picture before surgery (cyst with pregnancy)

thereafter, were negative for malignancy, and hence hysterectomy was not considered.

Discussion

Pregnancy with ovarian cyst is a rare condition and HP report should always be done, even in young patient.

Patient gave symptoms of only persistent vomiting and not gaining weight.

USG Reports

1. 28/06/2011: normal for upper abdomen, normal left ovary, right ovary not seen, consistent with post-op status. In obstetric sonogram, single live fetus with EDD-03/01/2012. Placenta posterior, normal
2. 20/08/2011: USG shows single intrauterine fetus in 20 weeks and 1 day of gestation.

Patient was regularly taken for ANC and USG monitoring and on that basis she was advised to continue pregnancy (Fig. 4).

On December 27, 2011, labour pain started, and after intervention through episiotomy, she delivered a male baby of 2.75 kg.

After delivery, oncologist advised regular follow up and CA 125 once in 2 months. All reports confirmed her condition as normal post delivery.

Recent advances have the following suggestions to offer: one ovary is enough to maintain the fertility, and hence a single ovary and uterus/fallopian tube-preserving surgery is advisable in young pregnant females. Pregnancy with advance stage of ovarian cancer seems to have poor prognosis [2] Operative laparoscopy for complicated adnexal masses performed during early pregnancy is safe and feasible[3].

Fig. 2 Histopath pictures of the mass

Fig. 3 Shows laparoscopic surgery

Fig. 4 Shows laparoscopic surgery

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