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TERATOMA MATURE AND PREGNANCY; ABOUT A CASE AND REVIEW OF LITERATURE

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ABSTRACT

There frequency of the tumor's ovarian discoveries during pregnancy East included between 0.3 and 5.4 %. The most developed ovarian tumors during pregnancy are functional cysts which occur fortuitously during the 1st trimester ultrasound, with usual spontaneous regression. The most common benign organic ovarian tumors during pregnancy are dermoid cysts and then cystadenomas. The main risk of complication of ovarian tumors during pregnancy is appendix torsion, provided around 8%, especially in the 1st trimester and at the beginning of the 2nd trimester. We report a case of a dermoid cyst discovered fortuitously in a patient not followed for her pregnancy at 18 WA.

WORDS KEY: Cyst dermoid, pregnancy, ultrasound pelvic, childbirth, cystectomy.

INTRODUCTION

The incidence of ovarian tumors during pregnancy has increased considerably since the systematic practice of ultrasound in pregnant women, especially in the 1st trimester.

Currently, about 4% of pregnant women have an adnexal mass.[1] These are most often functional cysts that occur fortuitously during ultrasound of the 1st trimester, usual spontaneous regression. The most common benign organic ovarian tumors during pregnancy are dermoid cysts and then cystadenomas.

The management must make it possible to limit secondary complications as much as possible and to determine the nature of the cyst. It must also minimize the obstetrical and maternal risks inherent in overly invasive treatment.

OBSERVATION

This is a 34-year-old patient, with no particular history, G2P2, the first delivery was vaginally without particularity at the age of 28, the second pregnancy estimated at 18 SA according to the DDR, the patient did not benefit from a 1st trimester ultrasound. She consults in our training for fever and pregnancy.

The patient was hospitalized in the emergency room, the examination found a fever of 38.4 with positive infectious anamnesis type burns urination without pain in the flanks without alteration state general. The exam gynecological was without peculiarity.

A biological and infectious assessment was launched, and an obstetrical ultrasound objectified a pregnancy scalable of 17 HER, with their presence At level of the appendix right A cyst ovarian heterogeneous unilocular with a characteristic appearance of a Rokitansky nodule reminiscent of a cyst dermoid of 4 cm of discovery fortuitous (Fig 1).
Ultrasound renal was without peculiarity.

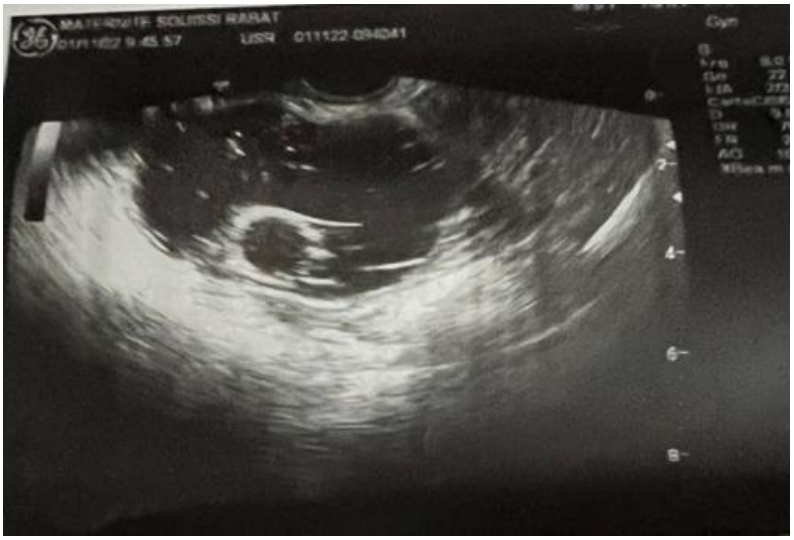

Fig 1: ultrasound pelvic objectifying A cyst dermoid of 4cm of the ovary right.

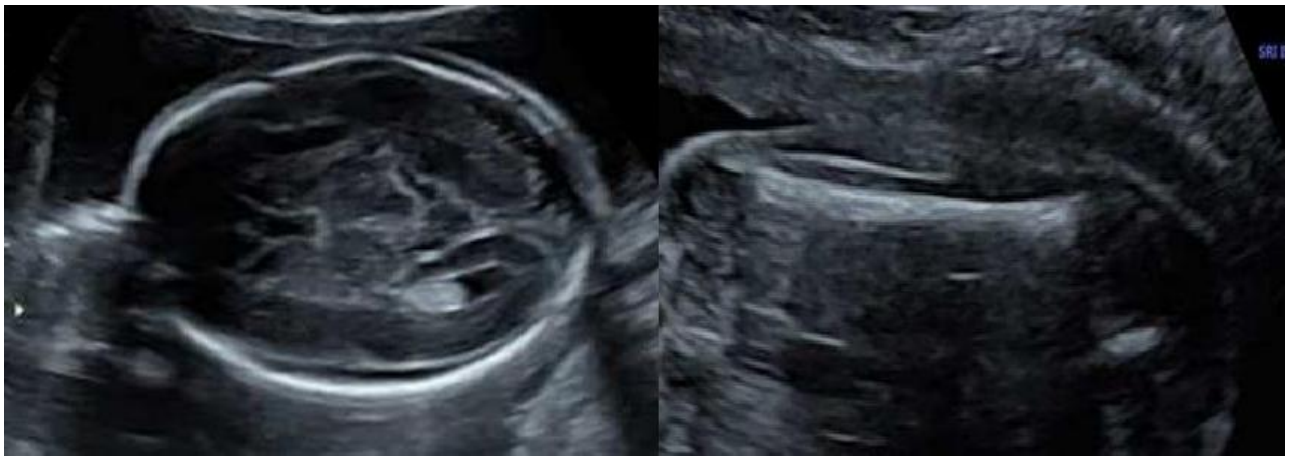

Fig 2: ultrasound obstetrics Who matches To 17 HER.

The patient was put on antibiotic therapy with an antipyretic with an ECBU which came backpositive.

The patient was discharged after 4 days of hospitalization with outpatient treatment then connected in the prenatal consultation unit for a follow-up of her pregnancy although of the dermoid cystassociated.

The expectant attitude in front of the presence of the dermoid cyst was adopted with sensitization of the women For THE risk of twist

There pregnancy East led to term And childbirth was by way low.

There patient is summoned To 3 months of postpartum For a possible cystectomy.

DISCUSSION

The majority of cysts found in the first trimester correspond to functional cysts type follicular Or body YELLOW.[2] They disappear THE more often Before 16 weeks of gestation.

First trimester organic cysts are uncommon. The histological nature of organic cysts during pregnancy is polymorphic. They are dominated by dermoid cysts.

Ultrasound pelvic East the exam key in their pathology ovarian in out of there pregnancy.[3]

It makes it possible to orient the nature of the cyst: either organic or functional. These criteria are also valid during their pregnancy. Ultrasound endovaginally stay the exam THE more relevant until the beginning of the second trimester of pregnancy. A set of criteria specific ultrasound is necessary to evoke a benign cyst. The majority of cysts functional disorders diagnosed at the start of pregnancy disappeared at 15 WA (91.4%).[4] It is the same for the majority of unilocular fluid cysts diagnosed from the second trimester of pregnancy. They rarely cause complications and disappear spontaneously. When the cysts do not meet all ultrasound criteria for benignity, they become suspects.

Ultrasound semiology also makes it possible to distinguish benign organic cysts of the endometriosis (hypoechoic cysts associated with low-intensity intracystic echoes andhyperechoic wall without any other suspicious sign) or dermoid (heterogeneous cysts with areas hyperechoic and of the calcification).

MRI has been proposed in addition to ultrasound when the latter is not relevant enough. MRI would provide additional information to confirm ultrasound impressions.[5] It provides additional arguments on the nature and content of the cyst (haemorrhage, lipid, etc.). She would allow In some case of to differ intervention In THE postpartum when a etiology organic benign East strongly suspected (cyst dermoid, endometrioma…).

Serum markers are of no interest in pregnant women.[6] The CA125 is physiologically increase during there pregnancy.

Acute complications related to the presence of ovarian cysts are more frequent during pregnancy, THE risk stay very weak when THE cyst ovarian measure less of 6 cm.[2]

These complications depend on the type of cyst: torsion, rupture, intracystic hemorrhage, cyst previa. THE cysts dermoid are more to risk of twist. When a plug-in charge emergency surgery is necessary, it is most often related to a torsion of appendix. In addition, the larger the size of the cyst, the greater the risk of cancer. On the other hand, he does not exist not of result on there way of childbirth. THE risk of cyst previa appears exceptional. The clinical examination and ultrasound at the end of pregnancy make it possible to eliminate thissituation.

Whatever the term of the pregnancy, surgery is recommended in case of symptomatic ovarian cyst suggesting adnexal torsion. Laparoscopy during the 1 st And of 2 e quarters of their pregnancy East possible For there plug in charge of the cysts dermoid.

The risk of miscarriage following surgery (laparoscopy and laparotomy) for ovarian tumorin course of pregnancy East estimated to 2.8 %.[7]

The modalities of childbirth should not be modified by the ovarian tumor, except in cases obstacle previa, complication or suspicion of malignancy.

Surgical treatment of a dermoid cyst can be performed at the same time as a caesarean section indicated For another raison.

The risk of torsion is increased during the postpartum period, hence the interest in taking caresurgical deferred.

CONCLUSION

The most common benign organic ovarian tumors during pregnancy are dermoid cysts, their frequency is between 0.3 and 5.4%.

The diagnosis is essentially based on ultrasound, simple monitoring is possible if the cyst is benign, less than 6 cm and does not evolve, while surgery is required in case of emergency or suspicious signs of complication or malignancy. Laparoscopy can be widely used until the 2nd trimester.

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