

## 14. GIANT CYST IN PREGNANCY

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**Introduction.** Ovarian cysts are small fluid formations that develop physiologically in the process of ovarian formation. These can be functional (follicular cyst, lutein cyst) and pathological (cystadenomas, teratomas). The incidence of ovarian cysts varies between 5 and 15 %. According to the literature, the incidence of ovarian cysts in pregnancy varies between 0.15 and 5.7%. The majority of the ovarian cysts are diagnosed in the first two trimesters of pregnancy, which are often asymptomatic and are resolved spontaneously by 14 weeks of amenorrhea. The safest time for surgical methods is in the second trimester, ideally between weeks 14 and 16.

**Case presentation.** Patient N, aged 35, was hospitalised at IMSP “IM si C” according to the referral from the consultative department where an ultrasound examination was performed and a giant ovarian cyst was found on the right (234\*204 mm). History: the ovarian cyst detected primarily by an ultrasound examination at 12 weeks of amenorrhea (45\*50 mm). Tumour markers were investigated (CA – 125), ROMA score – negative. Due to the small size of the cyst, lack of suspicion of malignancy, complicated gynecological history (primary infertility – 10 years), in-vitro pregnancy and patient insistence, it was decided to initiate a conservative treatment with dynamic monitoring of cyst size and values of the tumour markers. During the 32nd week amenorrhea ultrasound examination showed a sudden volume increase of the ovarian cyst, although tumour markers remained negative. It was decided to finish the pregnancy by elective cesarean section. In the 38th week of amenorrhea, after clinical and paraclinical investigation, a caesarean section was performed. A giant ovarian cyst was found (250\*300mm) during right flank exploration. It was decided to perform a cystectomy with partial ovary resection and fallopian tube preservation. The cyst was successfully removed, the ovary was sutured. The right uterus hord was also sutured. Hemostasis. The patient was discharged on the fourth day of the postoperative period, which passed without peculiarities. At the histopathological examination of the cyst, the diagnosis of the multicameral cystadenoma lined with non-dysplastic gastrointestinal epithelium was established .

**Discussion.** Management in pregnancy with ovarian cysts can be both conservative and surgical.

**Conclusion.** It is important to perform paraclinical investigations to determine the malignancy of the formation. Surgical treatment will be the “golden standard” for patients with suspected giant malignant formations.