

## Bilateral Ovarian Cyst Detected Antenatally – A plea for in-utero Decompression

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During the last 15 years we have encountered 35 cases of ovarian cysts in the newborns. Fifteen of these were diagnosed antenatally; two of these had bilateral cysts. Most of them had already undergone torsion and infarction and oophrectomy had to be performed. Salvage of the ovarian tissue though advisable could not be achieved in majority of the cases. Selective in-utero decompression of the cysts may prevent such disastrous complications.

**Case 1:** A 15-day-old child was referred to our center with a diagnosis of antenatal cysts in abdomen. Provisional diagnosis was duplication cyst, ovarian cyst. The mother had received 10 injections of HCG for a previous history of abortion at 6 months. The child was asymptomatic except that a mobile lump was palpable in lower abdomen. On exploration bilateral ovarian cyst were found to have undergone torsion and infarction. Oophrectomy was performed on both sides. Histology slides revealed no viable functioning ovarian tissue.

**Case 2:** A 5-day-old child diagnosed to have antenatal abdominal cysts with provisional diagnosis of duplication cyst was referred to our center. The mother again had received progesterone injections at 11 weeks gestation for bleeding. On exploration, the right ovary was auto-amputated and the left ovarian cyst had undergone torsion. Bilateral oophrectomy after informed consent was performed.

In both the cases there were bilateral cysts that were misdiagnosed on antenatal scans as duplication cysts. The mothers had received hormones during pregnancy, which may have resulted in bilateral ovarian cysts. All the cysts were >4 cm in diameter and had already undergone torsion and infarction at the time of presentation. The parents had to be explained about the implications of loss of complete ovarian tissue that the child will not have regular menses and ovulation and have infertility.