

# 4679 · OVARIAN CYSTS

A Amaro Acosta, R Garcia Rodriguez, A Romero Requejo, R Garcia Delgado, M De Luis Alvarado, D Hernández Pérez, I. Ortega Cárdenes, T. Benítez Delgado  
Complejo Hospitalario Universitario Insular Materno Infantil de Canarias

## INTRODUCTION

Ovarian cysts are the most frequent, prenatally diagnosed intra-abdominal cysts in female fetuses. The actual incidence is unknown. In most cases, the size is small, seeming to resolve spontaneously and without clinical significance. Optimal management is unclear and the evolution is variable. Although the majority regress either during pregnancy or after birth, torsion and hemorrhage can occur antenatally.

## METHODS AND MATERIAL

We retrospectively analyzed pre and postnatal medical records and ultrasonography of those infants with prenatal diagnosis of ovarian cysts.

## RESULTS · MARCH 2007 - DECEMBER 2020

**21 cases** of fetal ovarian cysts were diagnosed · **Incidence 2,74 cases/10.000 newborns**  
6 cases were excluded (we had no data regarding the newborns)

- The mean gestational age at the time of diagnosis was **33,5 weeks (21,4-38)**.
- For those not pictured cysts **4 cases had a spontaneously intrauterine regression**

	Intrauterine spontaneous resolution (N=4)	No intrauterine spontaneous resolution (N= 9)	p
<b>Maternal Age (years)</b> (Mean, range, SD)	29,50 (23-37) (6,24)	30,67 (23-41) (5,22)	0,73
<b>Mean gestational age at diagnosis (weeks)</b>	30 (21-34) (6,05)	35,11 (31-38) (2,20)	<b>0,041</b>
<b>Mean cyst size (mm)</b>	22,25 (12-31) (8,18)	48,56 (34-61) (9,20)	<b>0,000</b>

We found an statistically significant relationship between maximum diameter of the cyst and gestational age and a spontaneous intrauterine resolution

**86% (18)** were **unilateral** and **14% (3)** were **bilateral**

**2 cases** required **puncture** during the pregnancy

The **first one** due to a **quick growth** of the mass which has a complete resolution

The **second one** because the fetus develop signs of **compression of the urinary tract**.

**10 infants had persistent cysts after birth.** Follow-up was done every 2 months until the **spontaneous resolution** of the mass, which occur at **6,75 months average** (IC 95% 3,7-9,7). Two babies are still in follow-up. None of the newborn developed any complications or required surgery or puncture after birth.

## CONCLUSION

A large proportion of fetal ovarian cysts diagnosed prenatally regress during pregnancy or after birth. The size and gestacional age at the time of diagnosis are the major determinants of perinatal outcome and are associated with an increased chance of spontaneous resolution in our population.

