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Abstract:

A Case of Recurrent Mature Dermoid Cyst in a Patient at 20 Weeks Gestation
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In reproductive age women, the most common type of germ cell tumor is a benign teratoma. While they are most often asymptomatic, they pose potential for complications such as ovarian torsion and cyst rupture within the abdominal cavity. In pregnant women, the recurrence of these cysts and their potential complications become more difficult to manage. The majority of adnexal masses in pregnancy, about 70%, are detected in the first trimester with spontaneous resolution before the second trimester. Those masses that persist have increased malignant potential, and therefore, management of these masses becomes imperative. Management is dependent on the patient’s gestation as well as features of the mass. Features such as persistence, solid components, and enlarging size typically warrant a more radical approach, such as cystostomy, cystectomy, and oophorectomy. This patient initially presented with a benign ovarian cyst that progressed to ovarian torsion, and the initial approach was a laparoscopic cystostomy. This cyst recurred and was enlarged in size, leading to a radical approach of cystectomy with partial oophorectomy while the patient was at 20 weeks gestation. The second trimester is the most ideal time to take these patients to the OR as the fetus is fully developed and does not require fetal monitoring.