



Southwest Association of Hispanic American Physicians (SWAHAP) Medical Conference

MUCINOUS CYSTADENOMA IN PREGNANCY

INTRODUCTION

In the United States, 10% of women undergo surgery for an ovarian mass during their lifetime. Approximately 0.2 to 2% of pregnancies are complicated by adnexal masses. The common use of obstetric ultrasound has led to increased discovery of adnexal masses during gestation. Many ovarian masses diagnosed in pregnancy are benign and regress spontaneously, however, masses that persist into the second and third trimester can cause pregnancy-related complications that require surgical exploration and treatment.

OBJECTIVE

To describe a case of a benign mucinous cystadenoma discovered during pregnancy

METHODS

21yo G0 presented to clinic complaining of pelvic pain, intermittent nausea and vomiting for three months and amenorrhea. Upon physical exam, a 22 week size uterus was noted. Beta Hcg was positive and fetal heart tones were noted by doppler. Patient was unaware she was pregnant.

Sonogram demonstrated an intrauterine pregnancy consistent with 26 3/7 week gestation. However a large, septated, complex, left adnexal mass measuring 21.0 x 14.1 x 13.9 cm was also noted on sonographic exam.

The patient was taken to surgery and underwent an uncomplicated exploratory laparotomy for a left salpingo-oophorectomy with resection of an 800g mass measuring 25cm, right paratubal cystectomy measuring 5cm and appendectomy at 27 5/7 weeks gestation.

RESULTS

Pathology showed the large complex mass to be a mucinous cystadenoma and the paratubal cyst to be a benign serous cystadenoma with a normal appendix.

The patient underwent an induction of labor at 36 3/7 weeks for oligohydramnios and intrauterine growth restriction. A live born male infant weighing 2350g with APGARs 8/9 was delivered vaginally.

DISCUSSION

Benign mucinous cystadenomas comprise 80% of mucinous ovarian tumors. They are at risk for rapid growth. Adnexal masses larger than 8 cm in diameter are more often complicated by pain,

torsion, rupture, or internal hemorrhage. Overall, any adnexal mass in pregnancy is rare; however benign cystadenomas are commonly diagnosed in pregnancy. Mucinous cystadenomas are not associated with preterm labor, preterm premature rupture of membranes, obstruction of labor, or fetal death. The patient was taken to surgery because the mass was large, complex and included septations which raised a concern for malignancy. Evaluation of the adnexa occurs routinely during obstetrical ultrasonography and oftentimes expedites the diagnosis of small, asymptomatic, benign masses such as simple cysts or teratomas. However, in the rare event a large, complex, septated mass is diagnosed, prompt surgical exploration should occur, with the aim of ascertaining its histopathology.

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UNUSUAL PELVIC INFLAMMATORY DISEASE: A CASE REPORT

INTRODUCTION

42 year old Latin American female presented to the emergency department with complaints of abdominal pain, nausea and vomiting for 1 day. Patient was found to have a fever, hypotension,

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and an acutely tender abdomen. She stated that she had a past medical history of rheumatoid arthritis that she was not taking medications. She did not have a history of surgeries.

RESULTS

Initial laboratory studies in the emergency department revealed a white blood cell count of 40, creatinine of 5.57. Abdominal and pelvic computed tomography showed a 4.7cm right ovarian mass but no other pathology. The patient was admitted to the intensive care unit and begun on broad spectrum antibiotics for suspected sepsis with a tubo-ovarian abscess. Further nephrology work up showed the patient to have acute tubular necrosis (ATN) demonstrated by urinalysis findings, persistent renal failure after fluid repletion, and FENa above 3 percent. The patient made a full recovery with medical therapy.

CONCLUSION

Pelvic inflammatory disease (PID) is a disease specific to the female genitourinary tract. Sepsis can occur in approximately 10 to 20 percent of women with tubo-ovarian abscess formation. In this case, the patient's septic shock led to prolonged

ischemia causing acute tubular necrosis. The combinations of sepsis and renal failure have a mortality rate of 70%. There are few documented case reports exist demonstrating ATN in the setting of PID that this case shows. However, it is important to maintain high suspicion and promptly treat patients with PID to avoid serious subsequent sequelae.

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IMPORTANT HEALTH INFORMATION TECHNOLOGY DEFINITIONS AND RESOURCES LINKS TO HELP YOUR OFFICE

Regional Extension Centers (RECs)

- [Regional Extension Centers \(RECs\)](#) have been established across the country to assist physicians with selection, implementation, and meaningful use of an electronic health record to ensure eligible physicians meet the requirements needed to earn the EHR incentive bonus. Four regional extension centers are operating in Texas and provide subsidized consulting services to physicians. Visit the [TMA REC page](#) for more details on location, eligibility and contact information. Read the article: [A Good Deal: RECs Offer \\$5,000 in Services for \\$300](#) (*Texas Medicine*, April 2011)
- <http://www.texmed.org/Template.aspx?id=16095> RECs

Meaningful Use Criteria

- [Meaningful Dollars: Incentive Payments Help Physician Practices](#) - (*Texas Medicine*, Aug. 2011) **members only**
- [TMA quick glance at criteria](#) (2 pages)

E-Prescribing

- [E-Prescribing Information](#) [PDF] - Information for patients and physicians
- E-Prescribing webpage - <http://www.texmed.org/e-prescribe/>
- **Get 25 e-Prescriptions in by the End of the Year to Qualify for the 1% Incentive**
Even if you missed the deadline to request a hardship exemption to avoid the Medicare penalty, you can still qualify for the 1% incentive if you do 25 e-prescriptions by the end of this year. [Learn more now](#)

HIEs

- <http://www.texmed.org/Template.aspx?id=20281> - Health Information Exchanges Can Improve Patient Care (*Texas Medicine*, February 2011)
- [HIEs Necessary for Meaningful Use](#) - Exchanging data is one of the 15 required measures physicians must meet to achieve meaningful use for the federal Medicare or Medicaid incentives. Connecting to a local health information exchange (HIE) enables data exchanges.