

## Neonatal Ovarian Cysts/Case Presentation

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### Abstract

**Case Presentation:** A term female baby was delivered in our hospital RCH on November 2015 and developed abdominal distension with palpable mass followed by respiratory distress and irritability.

She was diagnosed to have unilateral ovarian cyst and was operated successfully.

**Keyword:** *Discuss the Etiology; Diagnosis and Management of Ovarian Cysts in Neonates; With Spotlight on Alarming Symptoms and Sign after Birth*

### Introduction

Ovarian cysts are the most frequent, prenatally diagnosed intra-abdominal cysts in particular with ultrasonography. The management of fetal ovarian cysts is still controversial.

Here, I presented a case with early detection of a huge ovarian cyst.

### Case Report

A term female baby was delivered in our hospital RCH on November 2015 and developed an abdominal distension with palpable mass followed by respiratory distress and irritability.

She was diagnosed to have unilateral ovarian cyst and was operated successfully.

Sex: Female

Age: Newborn

Date of Admission: 07/11/2015

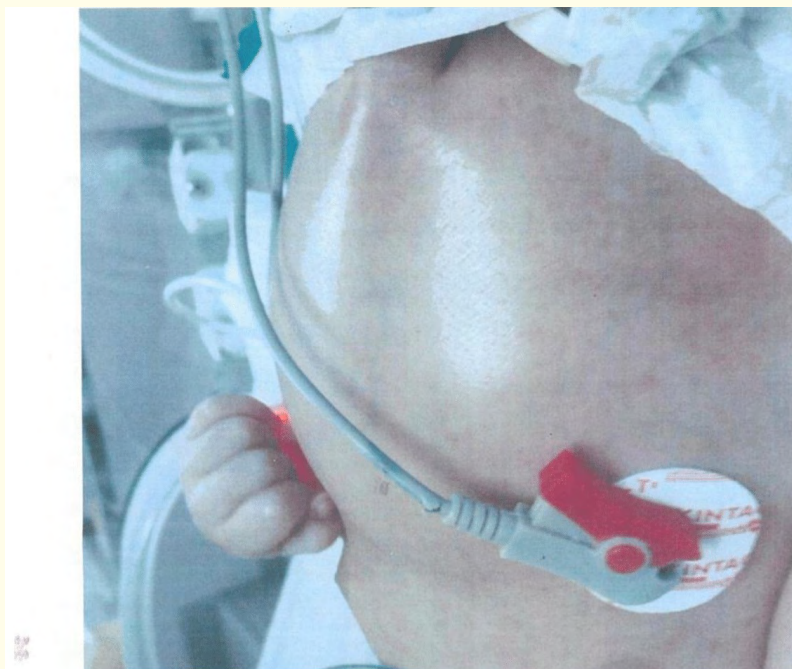
Date of Discharge: 11/11/2015

This term baby was delivered by NSVD with Apgar score 9 and 10 in first and fifth minute. Respectively and birth weight 3.385 kg. Anterior fontanel is opened. Heart is normal. Chest: Fair air entry bilaterally. Abdomen: Distended. The baby passed meconium and urine. Positive Moro reflex and good suckling reflex. Abdominal girth 36 cm. The mother was booked in Security Forces Hospital but she only did 1 or 2 visits.

She did not make follow up in the Security Forces Hospital. Only she did in private dispensary when she was 4 - 5 months pregnancy. Ultrasound was done in private dispensary only to know the sex of the fetus. The mother is with hypothyroidism on L-thyroxin and multi-vitamins. After delivery and resuscitation, the baby was shifted to nursery and then admitted to NICU for observation and investigations. As noticed to developed abdominal distension and mass at the left side during examination in nursery.

Vital signs upon admission showed heart rate 135 beats per minutes, respiratory rate 38 per minute, blood pressure 65/40 mmHg and mean 48 mmHg and saturation 99% in room air. Abdominal girth initially 36cm and increased gradually later.

**Maternal History:** The mother is 28 yrs. old, G4 P2+1 with hypothyroidism on L-Thyroxin. Progress: Later on, the baby become irritable distressed and in pain with erythematous abdominal wall which is distended.



**Figure 1:** The remarkable abdominal distension of the baby which was started from the second day of life (notice the dilated veins of the abdominal wall).

**Investigations:** CBC, CRP, blood culture, LFT, serum bilirubin, BUN, electrolytes Abdominal x-ray was done and revealed white homogeneous opacity occupying left hypochondrium and left iliac region. Abdominal ultrasound revealed huge intra-abdominal cyst measuring 9 cm X 9cm. CT abdomen with contrast was ordered but not done due to trial to transfer the baby to SFH.



**Figure 2:** Abdominal x-ray with gasless abdomen and distension with the cyst.

### Hospital Course

Treatment that was given for her was ampicillin, gentamicin, immunoglobulin 2.5g stat and Tobrex eye ointment. Feeding was started but not tolerated and kept NPO. Vaccination BCG and Hepatitis B vaccines were not given.

Investigation for virus corona was negative. The blood culture came with positive group B positive cocci. Antibiotics were changed to vancomycin and meropenem+ compound IVF given and repeated blood culture sent.

The baby was transferred to Security Forces Hospital for further investigation and surgical interference.

The baby was operated immediately in the same day of transfer and we got a feedback report from that hospital with full information associated with multiple photos. The removed ovarian cyst was huge with size of 8 cm by 11 cm, with small multiple ischemic changes in her bowel (3 days old).

### Discussion

This is the first case to be presented in such a symptoms like suspected sepsis in our unit and to progress rapidly as explained.

In addition, it is larger than any cyst was documented before and with pressure effects to the surrounding intestine.

To conclude, it is crucial to detect and diagnose the neonatal ovarian cyst as early as possible in the way to avoid the occurrence of undesirable complication.

### Conclusion

We have shown that, in our case the early diagnosis is the clue for successful outcome.

In view of the natural tendency of these cysts to regress spontaneously we suggest that cyst puncture should be performed, and the patient followed up with serial ultrasound scans. Recurrence of the cyst could be treated by repeated aspiration, surgical removal being reserved for the few intractable or complicated cases.



**Figure 3:** The affected bowel loops with ischemic changes.



**Figure 4:** This is the ovarian cyst before excision with its large size (8 cm \* 11 cm).

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