

CASE REPORT

Expectant Management of a Presumed Functional Adnexal Cyst during Pregnancy: A Case Report

Manejo expectante de un quiste anexial de probable origen funcional durante el embarazo: reporte de caso

Conduta expectante de um cisto anexial de provável origem funcional durante a gestação: relato de caso

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ABSTRACT

Adnexal masses detected during pregnancy require assessment integrating symptoms, ultrasound findings, and clinical course. We report the case of a 35-year-old pregnant woman who presented during the first trimester with a nine-day history of left iliac fossa pain. Initial assessment described a viable intrauterine pregnancy and a left adnexal cystic lesion measuring approximately 6 cm, clinically interpreted as a corpus luteum cyst. The patient remained hemodynamically stable and received analgesia and inpatient observation for three days, followed by outpatient monitoring. A follow-up image obtained at 13 weeks and 4 days showed a measurement of 5.70 cm and was labelled as a follicular cyst. According to the recorded clinical course, the lesion persisted at approximately 14 weeks and was no longer visualized at the 18-week assessment. The last reported follow-up was in the third trimester, without associated obstetric complications. The course was consistent with a presumed functional cyst; the available information does not establish its specific subtype conclusively. This case illustrates a favorable course during expectant management and highlights the importance of consistent diagnostic characterization and follow-up documentation of adnexal masses during pregnancy.

Keywords: Ovarian Cysts; Pregnancy; Ultrasonography; Case Reports.

RESUMEN

Las masas anexiales detectadas durante el embarazo requieren una evaluación que integre la sintomatología, los hallazgos ecográficos y la evolución clínica. Se presenta el caso de una gestante de 35 años que consultó durante el primer trimestre por dolor en la fosa ilíaca izquierda de nueve días de evolución. La valoración inicial describió un embarazo intrauterino viable y una lesión quística anexial izquierda de aproximadamente 6 cm, interpretada clínicamente como quiste de cuerpo lúteo. La paciente permaneció hemodinámicamente estable y recibió analgesia y vigilancia hospitalaria durante tres días, seguidas de controles ambulatorios. Una imagen de seguimiento, obtenida a las 13 semanas y 4 días, mostró una medición de 5,70 cm y el rótulo de quiste folicular. Según la evolución clínica consignada, la lesión persistía alrededor de la semana 14 y dejó de visualizarse en el control de la semana 18. El último seguimiento descrito correspondió al tercer trimestre, sin complicaciones obstétricas asociadas. La evolución fue compatible con un quiste de probable origen funcional; la información disponible no permite establecer de manera concluyente su subtipo. Este caso ilustra una evolución favorable durante el manejo expectante y la importancia de documentar de forma consistente el diagnóstico y el seguimiento de las masas anexiales durante la gestación.

Palabras clave: Quistes Ováricos; Embarazo; Ultrasonografía; Informes de Casos.

RESUMO

As massas anexiais detectadas durante a gestação exigem uma avaliação que integre a sintomatologia, os achados ultrassonográficos e a evolução clínica. Apresenta-se o caso de uma gestante de 35 anos que consultou no primeiro trimestre por dor na fossa ilíaca esquerda com nove dias de evolução. A avaliação inicial descreveu uma gestação intrauterina viável e uma lesão cística anexial esquerda de aproximadamente 6 cm, interpretada clinicamente como cisto de corpo lúteo. A paciente permaneceu hemodinamicamente estável e recebeu analgesia e vigilância hospitalar durante três dias, seguidas de controles ambulatoriais. Uma imagem de seguimento, obtida com 13 semanas e 4 dias, mostrou uma medida de 5,70 cm e o rótulo de cisto folicular. Segundo a evolução clínica registrada, a lesão persistia por volta da 14ª semana e deixou de ser visualizada no controle da 18ª semana. O último seguimento descrito correspondeu ao terceiro trimestre, sem complicações obstétricas associadas. A evolução foi compatível com um cisto de provável origem funcional; as informações disponíveis não permitem estabelecer de forma conclusiva o seu subtipo. Este caso ilustra uma evolução favorável durante o manejo expectante e a importância de documentar de forma consistente o diagnóstico e o seguimento das massas anexiais durante a gestação.

Palavras-chave: Cistos Ovarianos; Gravidez; Ultrassonografia; Relatos de Casos.

INTRODUCTION

The detection of an adnexal mass during pregnancy raises decisions regarding its characterization and the need for observation or intervention. Assessment should integrate the clinical presentation, the sonographic appearance, and the course of the lesion, together with the risks of complications and of eventual surgery. Although many masses follow a benign course, the presence of symptoms requires an individualized evaluation.⁽¹⁾

Spontaneous resolution has been documented in follow-up studies. In a prospective cohort of 274 pregnant women with adnexal masses, approximately 74.2% of the lesions resolved spontaneously. This finding describes the course of a heterogeneous population and does not, by itself, predict the outcome of an individual patient.⁽²⁾

Ultrasonography allows characterization of the location, size, and morphology of adnexal masses and helps guide the differential diagnosis between functional lesions and other adnexal entities. The interpretation of a cyst as follicular or as a corpus luteum cyst should be based on its features and on the gestational context.⁽³⁾ In addition, size and sonographic complexity have been associated with the persistence of these masses during pregnancy.⁽⁴⁾

We describe the course of a pregnant woman with abdominal pain and a left adnexal cyst of approximately 6 cm managed with clinical and sonographic surveillance. The interest of the case lies in the observed course and in the need to maintain consistency among the clinical diagnosis,

the sonographic label, and the conclusions of follow-up. The narrative was organized with reference to the items of the CARE guidelines.⁽⁵⁾

CASE PRESENTATION

A 35-year-old homemaker in the first trimester of pregnancy, with two previous deliveries and a reported interpregnancy interval of five years, was evaluated. Her surgical history included excision of an axillary lymph node and tonsillectomy. She presented to the Obstetrics and Gynecology service with a nine-day history of abdominal pain localized to the left iliac fossa, of moderate intensity and oppressive character, radiating to the lumbosacral region. Surgical treatment had been proposed at another institution.

On admission, blood pressure was 110/69 mmHg, heart rate 79 beats per minute, respiratory rate 21 breaths per minute, temperature 36.4 °C, and peripheral oxygen saturation 96% on room air. Weight was 75.1 kg and height 1.64 m, with a body mass index of 27.92 kg/m². The patient was alert, oriented, and normally hydrated. No abnormalities were reported on cardiopulmonary auscultation. The abdomen was soft and depressible, with preserved bowel sounds and tenderness to superficial and deep palpation in the hypogastrium. No vaginal bleeding or discharge was observed.

The complete blood count showed leukocytes of $13.95 \times 10^3/\mu\text{L}$, with 81% neutrophils, 15% lymphocytes, 3.4% monocytes, and 0.1% basophils; hemoglobin 13.5 g/dL; hematocrit 39.9%; and platelets 341,000/ μL . Blood chemistry showed glucose 90.36 mg/dL, urea 30.6 mg/dL, and creatinine 0.76 mg/dL. Prothrombin time was 13.01 seconds, INR 1.09, and partial thromboplastin time 29 seconds. HIV and VDRL tests were negative.

Urinalysis showed a specific gravity of 1.038, pH 6.5, bacteria (+), 12–15 leukocytes per field, and 8–10 epithelial cells per field, without red blood cells. No urine culture result was available, nor was there information to establish whether these findings were related to the abdominal pain.

The initial ultrasound assessment described an intrauterine pregnancy with a single embryo and cardiac activity of 111 beats per minute, without intrauterine hematomas. A cystic lesion of approximately 6 cm in diameter was identified in the left adnexa and was clinically interpreted as a corpus luteum cyst. The available information does not include a complete description of its walls, septa, solid components, or Doppler vascularity.

During hospitalization, expectant management was chosen, with clinical surveillance and intravenous paracetamol 1 g every 8 hours for pain control. The patient remained hemodynamically stable and showed clinical improvement. She was discharged after three days of hospitalization, with outpatient follow-up.

Outpatient visits were described as monthly and included ultrasound evaluation. The image provided from one of these visits indicates a gestational age of 13 weeks and 4 days, a measurement of 5.70 cm, and the label of follicular cyst of the left adnexa (Figure 1). This image corresponds to follow-up and not to the initial evaluation.



Figure 1. Follow-up ultrasound image of the left adnexal lesion. The screen indicates 13 weeks and 4 days of gestation and a measurement of 5.70 cm; the original label “quiste folicular” (follicular cyst) is retained. Source: Centro Clínico Quirúrgico Servimed.

According to the recorded course, the lesion persisted at around week 14 and was not visualized at the week-18 visit, a finding consistent with spontaneous resolution. Neither the image nor the complete ultrasound report of this last visit is available to independently corroborate the adnexal assessment. At the last reported follow-up, during the third trimester, a favorable maternal-fetal course was reported, without associated obstetric complications. No data on delivery or the postpartum period were provided.

DISCUSSION

The described course is consistent with an adnexal lesion of probable functional origin. However, the initial clinical interpretation as a corpus luteum cyst differs from the follicular cyst label on the follow-up image. Therefore, the diagnosis remains at a level of clinical-sonographic certainty, and no definitive subtype is assigned. The incomplete characterization prevents a precise explanation of the discrepancy between the two designations.⁽³⁾

Hemodynamic stability and improvement of pain during observation help explain the conservative decision described in this case. The literature contemplates surveillance of selected cystic masses when clinical and imaging assessment does not indicate a need for intervention.^(1,6) Nevertheless, the available information does not allow a complete reconstruction of the assessment for torsion, hemorrhage, or other causes of pain. Nor does it allow a causal relationship between the lesion and the symptoms to be established. The urinary findings add uncertainty, and a urinary tract infection cannot be diagnosed from the data provided.

The persistence of a mass does not by itself determine its nature. Bernhard et al. identified size and complex sonographic appearance as predictors of persistence; even so, many large or complex lesions resolved during follow-up.⁽⁴⁾ Consistently, the cohort by Gaughran et al. documented spontaneous resolution in a high proportion of the observed masses.⁽²⁾ These results provide context for the course of this case but do not constitute a direct comparison with surgical management.

The indication for and timing of an intervention should be individualized. Surgery that is necessary because of a complication or a relevant suspicion should not be postponed solely on the

basis of gestational age; when the intervention can be scheduled, the second trimester may facilitate its planning.⁽¹⁾ The present case does not allow determination of what the outcome of an intervention would have been, nor does it support the claim that observation reduced obstetric risks compared with that alternative.

The main limitation is the incomplete characterization of the lesion: one follow-up image is available, but there is no serial sonographic documentation allowing a consistent comparison of size, morphology, and vascularity. The absence of visualization reported at week 18 should be interpreted with caution, as there is insufficient information on the evaluation of both adnexa at that visit. Follow-up ends during pregnancy and does not include delivery or postpartum outcomes, a systematic assessment of tolerability, or the patient's perspective. These limitations restrict diagnostic certainty and the generalizability of the findings.

The educational contribution of this case lies in showing a favorable course during surveillance of a symptomatic cystic lesion and in highlighting the importance of documenting the elements that support the choice of this approach. Terminological consistency, sonographic description, and traceability of follow-up visits are necessary for readers to adequately appraise the diagnosis and outcome.^(3,5)

CONCLUSION

In this pregnant woman, a left adnexal cyst of probable functional origin showed a favorable clinical course during expectant management, with reported absence of visualization by week 18 and follow-up without associated obstetric complications until the third trimester. The available information does not allow confirmation of its subtype or establishment of the superiority of surveillance over surgery. The case highlights the importance of individualizing management and of consistently documenting the sonographic evaluation and outcomes.

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CONFLICT OF INTEREST

The authors declare that there are no conflicts of interest.

INFORMED CONSENT

Informed consent was obtained from the patient for the publication of this case report and the accompanying ultrasound image.

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USE OF ARTIFICIAL INTELLIGENCE

The authors declare that no artificial intelligence was used in the preparation of this manuscript.

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