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TITLE

TREATMENT OF ADNEXAL MASSES DURING PREGNANCY

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ABSTRACT

Context: Modern look at the problem of surgery during pregnancy Objective: Comparison of laparoscopy and laparotomy in treatment of adnexal masses in pregnant women Methods: A retrospective and prospective analysis Patients: 157 pregnant women with adnexal masses Interventions: 44 underwent laparotomy (Lt), 113 - laparoscopy (Ls) surgery for adnexal masses during pregnancy. Main outcome measures: Diagnostic values of ultrasound, MRI, serum biomarkers, indications and time of surgery, pathologic diagnosis, surgical and pregnancy outcomes were evaluated. Results: There were no significant differences in mean age, body mass index, parity, history of previous surgery or general pathology. Malignant tumors were presented with 2 disgerminomas, 1 immature teratoma, 1 complex stromal tumor, 1 serous papillary cystadenocarcinoma, 1 endometrioid and 1 metastatic adenocarcinoma. Mean mass size was significantly larger in the Lt group than in the Ls group (13,7±0,7 sm vs 10,0±0,6 sm, $p < 0,05$). The laparoscopy group had shorter operative time and bloodloss, less frequency of administration of narcotic analgetics, shorter length of hospital stays. There were no significant differences for mean gestational age, birth weight, Apgar score, low birth weight. Preterm labour was the single outcome that was significantly different between Ls and Lt groups. Emergency surgery, mass size and gestational anemia had no influence on preterm labour rates. Conclusions: Ls has obvious benefits in pregnancy because of decreased postoperative pain, less narcotic use, shorter hospital stays and faster postoperative return to regular activity. We recommend observation after 24 weeks of gestation even for large size ovarian masses (over 6 sm) if they are asymptomatic and not suspicious for malignancy.

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