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TITLE

PANCREATIC NEOPLASMS IN PREGNANCY . GESTATION ACHIEVED AFTER TREATMENT IVF

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ABSTRACT

OBJETIVE

The patients of the reproduction consultation are gynecologically and endocrinologically studied. Many studies have described more obstetric complications in ART pregnant women than in normal pregnant women. Perhaps this is why we should ask ourselves if we would have to study patients more before ART

Severe hypercalcaemia during pregnancy is rare and most cases are secondary to hyperparathyroidism.

Familial functioning neuroendocrine tumors (NETS) are rare tumors in pregnancy but not exceptional. Pancreatic neoplasms, both benign and malignant, are uncommon during pregnancy.

Neoplasms of the pancreas during pregnancy are rare.

METHODS

We present one case of pancreatic tumors occurring during pregnancy, just after diagnosed with a gestational diabetes. Gestation achieved by in vitro fertilization.

Key symptom with led to tumor diagnosis was asthenia by which severe hipercalcemia was diagnosed.

RESULTS

MRI and ultrasound are the imaging modalities of choice in pregnancy. In patients with benign or premalignant tumors, surgical resection may be postponed until the second trimester. In symptomatic patients, or if there is a concern for intrauterine growth restriction (IUGR), urgent surgical intervention should be performed. With malignant tumors, the benefit of delaying surgery must be balanced with the risk of maternal disease progression.

CONCLUSION

When these tumors occur during pregnancy, they present a diagnostic and treatment dilemma, with variation in treatment based on gestational age and patient preference.

Neuroendocrine tumors grow slowly. The patient may have already had a small tumor at the beginnig of the treatment.

Should we study patients more in-depth before IVF treatment or, at least, during their ART-based pregnancy? And how far should that in-depth be?

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