

Oncologic Storms in the Womb: Two Rare Ovarian Malignancies Revealed During Pregnancy

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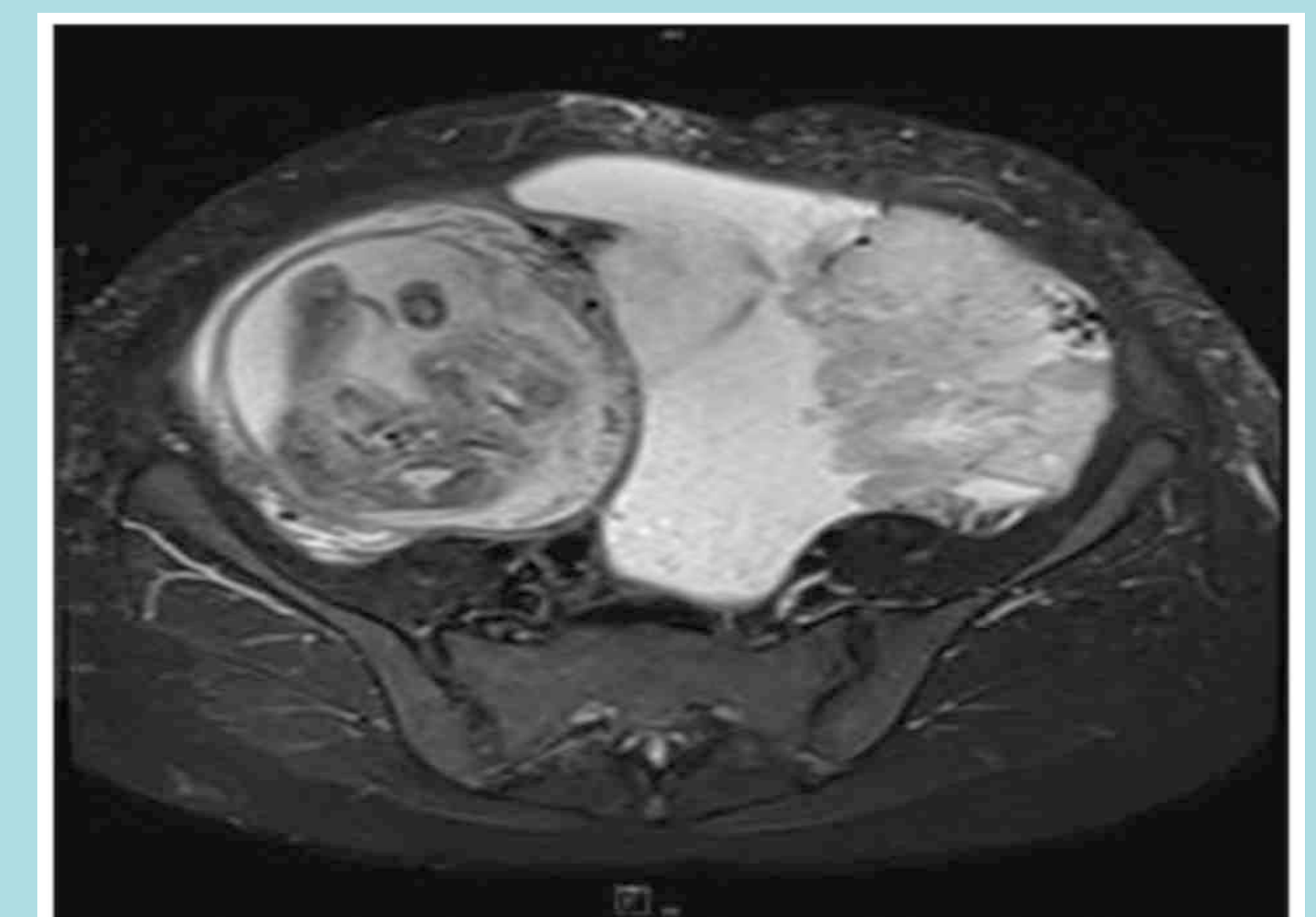
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Background: Ovarian malignancies during pregnancy are exceedingly rare and diagnostically challenging, often masquerading as common gestational symptoms. When revealed by respiratory distress or incidentally during obstetric assessment, they demand urgent, multidisciplinary intervention.; Multidisciplinary Communication

keywordsOvarian Neoplasms; Adnexa;; Cesarean Sectionl Diseases; Teratoma, Mature; Sarcoma; Cystadenocarcinoma, Serous ; Pleural Effusion, Malignant; Pregnancy, High-Risk

First case;We present the remarkable case of a 27-year-old pregnant woman admitted for threatened preterm labor, in whom a massive ovarian mass was discovered incidentally. MRI revealed a large latero-uterine cystic formation suggestive of a dermoid cyst with fat components, classified ORADS 4. Intraoperative findings unveiled a 30 cm multiloculated mass invading the posterior uterine wall and surrounding structures. Cesarean section was followed by right adnexectomy and tumor resection. Intraoperative frozen section (examen extemporané) indicated teratomatous features but could not confirm malignancy. Final histopathology revealed a mature teratoma with somatic malignant transformation into undifferentiated sarcoma, confirmed by immunohistochemistry.

Second case We report the case of a 41-year-old primigravida at 31 weeks of gestation, with a history of infertility, who presented with orthopnea and bilateral pleural effusion. Workup revealed elevated D-dimers (8000 ng/mL), bilateral segmental pulmonary embolism, and cytologically confirmed malignant pleural effusion. Tumor markers were strikingly elevated (CA-125: 9900 U/mL). A cesarean section was performed, delivering a female neonate weighing 1600 g. Intraoperative findings included a right ovarian mass with diffuse peritoneal carcinomatosis involving the omentum, intestinal loops, cecum, colon, and appendix. An annexectomy was performed.Histopathological examination confirmed a high-grade serous cystadenocarcinoma of the ovary with localization to the omentum. Immunohistochemistry showed strong and diffuse nuclear positivity for WT1, PAX8, and p53, supporting a primary ovarian origin. CK7 was positive; CK20 was focally positive. The epiploic tissue showed the same malignant proliferation.



discussion

Both cases highlight rare and complex adnexal pathologies discovered during pregnancy, posing significant diagnostic and therapeutic challenges. The first case involved a massive ovarian mass requiring emergency surgical intervention, while the second revealed a heterogeneous tumor with features suggestive of malignancy. Early imaging and multidisciplinary management were crucial in preventing obstetric and oncologic complications. These cases emphasize the need for vigilance in evaluating adnexal masses in pregnant patients. Surgical timing and technique must balance maternal safety and fetal preservation.

Conclusion: In conclusion, adnexal masses during pregnancy require careful assessment, timely intervention, and a tailored approach to avoid maternal-fetal compromise. Multidisciplinary collaboration is essential for optimal outcomes, especially when malignancy is suspected.

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