Case Report

Congenital adnexal cyst in a newborn: diagnostic dilemma

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ABSTRACT

Cystic lesions are rare perinatal, diagnosed intra-abdominal mass. Complications may occur during the vaginal delivery because of such mass in abdomen. Even it is difficult to make a diagnosis on routine clinical examination. Management of both ovarian and mesenteric cyst is surgical removal.

Keywords: Ovarian cyst, Mesenteric cyst

INTRODUCTION

The presence of abdominal cysts in a Neonatal period is rare, occurring in 1/1000 live births.¹ The finding of an abdominal mass in a Neonate can be alarming for both physicians and parents. As the mass is occupying in the abdomen especially with nonspecific boundaries, complications will occur during normal delivery through the birth canal because of mass in the abdomen. It is difficult to make a diagnosis on routine clinical examination especially in a newborn with mass in abdomen.

A case of congenital adnexal cyst in newborn is being reported.

CASE REPORT

A 28 year old female delivered a full term female baby by cesarean section weighing 2.4kg with single umbilical artery. Antenatal history was found to be normal. Antenatal ultrasound report showed single umbilical artery. On physical examination no obvious external congenital anomalies were seen, systemic examination was normal. As Child had single umbilical artery,

ultrasound abdomen was been done which showed 6.2 x 4.3cm adnexal cystic lesion seen on right side of the abdomen as seen in Figure 1.

Routine blood investigations was done, complete blood count, C reactive protein, Blood culture and sensitivity were within normal limits, Pediatric surgeon opinion has been taken and he advised surgery but as patient attenders are not willing at this age so deferred.

Figure 1: Right side adnexal cyst of 6.2 x 4.3 cm.

DISCUSSION

Congenital adnexal cystic mass in abdomen in newborns have few differential diagnosis like ovarian cyst, mesenteric cyst, omental cyst, Intestinal duplication cyst and chylous cyst. A congenital ovarian cyst and mesenteric cyst is a rare clinical entity. The first case of ovarian cyst is reported in 1889 in a still born premature, although it is rare it is most common cause of intra-abdominal cyst of female fetal abdomen.² Ovarian cyst can be classified according to the sonographic appearance it is sub classified as follicle and theca lutein cyst. Uncomplicated cyst is completely anechoic with cyst wall being imperceptible with sonographic, a complicated cyst invariably contains fluid debris level with refracting clot or septa or often has echogenic wall.³ The treatment of ovarian cyst is always surgical removal, there has been few reported cases of spontaneous resolution of neonatal ovarian cyst.⁴

Mesenteric cyst is a rare benign intra-abdominal lesion without typical findings; treatment is indicated if the child becomes symptomatic, due to enlargement of cyst. A mesenteric cyst can be managed laproscopically.⁵ The mode of treatment of mesenteric cyst is enucleation.

Omental cyst is benign unilocular or multilocular endothelium-lined cyst that contains either chyle or serous fluid. They are uncommon yet interesting intra-abdominal masses that may be difficult to diagnose clinically and often are missed on examination. congenital omental cyst may be associated with hydrops fetalis.⁶

All though there are cases reported with congenital ovarian cyst but in our case large adnexal cystic lesions in

a newborn was present which was in a dilemma whether it is an ovarian, mesenteric or omental cyst.

CONCLUSION

Neonatal adnexal cystic lesions in abdomen are rare. The optimal evaluation of abdominal mass in newborn is best achieved by early communication between pediatrician, pediatric surgeon and radiologist.

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