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Case Report

Successful full-term vaginal delivery in a patient with large adnexal lymphangioma: a rare case report

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ABSTRACT

Adnexal masses during pregnancy are increasingly detected because of routine obstetric ultrasonography. Most are benign and resolve spontaneously; however, persistent large masses require careful evaluation because of complications such as torsion, rupture, hemorrhage, and obstruction during labour. Lymphangioma is a rare benign tumour arising from lymphatic vessels, and its occurrence in the adnexa is extremely uncommon. We report a case of a 27-year-old multigravida with a large multiloculated left adnexal cystic mass measuring approximately 19×12×16.5 cm detected antenatally. The patient remained asymptomatic throughout pregnancy and was managed conservatively with close surveillance. She subsequently had spontaneous full-term vaginal delivery with favourable maternal and neonatal outcomes. This case highlights that careful monitoring and individualized management can allow successful vaginal delivery even in the presence of large benign adnexal masses.

Keywords: Rare case, Large adnexal lymphangioma, Vaginal delivery

INTRODUCTION

Adnexal masses are identified in approximately 0.05-5% of pregnancies, largely because of the widespread use of antenatal ultrasonography.^{1,2} Most lesions are benign functional cysts that resolve spontaneously during pregnancy.^{2,4} Persistent masses may lead to complications such as torsion, rupture, haemorrhage, infection, or obstruction during labour.^{1,6} Lymphangiomas are rare benign tumours resulting from congenital malformations of the lymphatic system and are most commonly located in the neck and axillary regions.⁹ Involvement of the ovary or adnexa is extremely rare.^{9,10} Reporting such cases is important to improve understanding of optimal management strategies during pregnancy.

CASE REPORT

A 27-year-old G2P1L1 presented at 37 weeks and 1 day gestation with amenorrhoea of 9 months and abdominal

pain for 4 hours. Obstetric ultrasonography revealed a large multiloculated cystic adnexal mass measuring approximately 19×12×16.5 cm with thin septations and no solid components. She had complaints of abdominal swelling for the past 2-3 years; however, no treatment had been taken. The patient remained asymptomatic throughout pregnancy without evidence of torsion or rupture.

On presentation, vital parameters were normal. Obstetric examination revealed a term-sized uterus with cephalic presentation and a fetal heart rate of 138 bpm.

MRI revealed a large multiseptated cystic lesion in the left side of the abdomen with calcification and locules showing varying signal intensity suggestive of lymphangioma.

No contraindication to vaginal delivery was identified. The patient underwent full-term vaginal delivery with right mediolateral episiotomy under local anaesthesia. A live

female neonate weighing 2.260 kg was delivered with APGAR scores of 7 and 9 at 1 and 5 minutes, respectively. The patient and neonate were discharged on day 4. The postpartum course was uneventful. Surgical follow-up for lymphangioma was advised. Surgical removal of lymphangioma was done. Patient is doing well now.

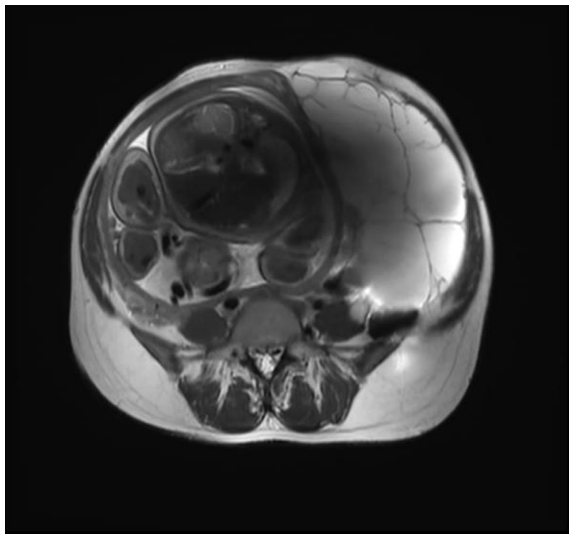


Figure 1: MRI showing large multiseptated cystic adnexal lesion suggestive of lymphangioma.



Figure 2: MRI demonstrating multiloculated cystic mass with varying signal intensities.

DISCUSSION

The incidence of adnexal masses detected during pregnancy ranges between 0.05% and 5%.^{1,2} Approximately 60-70% of such masses resolve spontaneously, particularly functional ovarian cysts.^{2,4} Persistent lesions may require careful monitoring because of potential complications including torsion, rupture, haemorrhage, and obstruction of labour.^{1,6,12}

Lymphangiomas are benign malformations of lymphatic vessels characterized by dilated cystic spaces containing lymphatic fluid.⁹ They are rarely encountered in the adnexa, and diagnosis is usually confirmed histopathologically.^{9,11} Because of their rarity, the natural history and optimal management during pregnancy remain poorly described in the literature.^{7,8}

In the present case, despite the large size of the adnexal mass, the patient remained asymptomatic and successfully delivered vaginally. This suggests that conservative management with close antenatal surveillance may be appropriate in selected cases with benign imaging features.^{6,7}

CONCLUSION

Adnexal lymphangioma during pregnancy is extremely rare. Careful antenatal monitoring and individualized management can lead to favourable maternal and neonatal outcomes. Large benign adnexal masses do not necessarily preclude successful vaginal delivery when no complications are present.

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