

It is just another GERD

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ABSTRACT

Introduction: Acute pancreatitis is rare, occurring in 3 in 10,000 pregnancies, but with an increasing prevalence. Therefore, it is vital, to be well-versed in this condition. **Case Description:** A 35-year-old, G3P2, non-alcohol drinker, presented at 30 weeks of gestation with vomiting and epigastric pain which radiates to the back. Examination showed a gravid uterus at 28 weeks, with epigastric tenderness. Serum amylase, liver enzyme and infective parameters were raised, with persistent metabolic acidosis and hypokalaemia. Ultrasound Hepato-biliary (HBS)/abdomen and (MRCP) found features of pancreatitis. She was treated conservatively in ICU. The pancreatitis resolved after six weeks, evident by blood parameters and radiological imaging. She delivered a healthy baby at 36 weeks of gestation. **Discussion:** An early recognition of pancreatitis in pregnancy can improve the clinical outcome. Performing surgery in pregnancy carries its own risks. However, with multidisciplinary team (MDT) consultation, a simple cholecystectomy or ERCP are safe in managing pancreatitis in pregnancy.

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Cervical mass in pregnancy – is this cancer or false alarm? A case report

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ABSTRACT

Introduction: Cervical cancer is the third most common cancer among women. Diagnosis and treatment of cervical cancer should not be delayed due to pregnancy. We report a case of cervical mass in pregnancy. **Case Description:** A 34-year-old, nulliparous, presented at 26 weeks gestation with prolonged per vaginal discharge. The pregnancy was conceived via in-vitro fertilization (IVF) due to unexplained subfertility. Pap smear showed atypical glandular cells and she was referred for urgent colposcopy. Colposcopy revealed a 3 x 3 cm fungating mass arising from the anterior cervix with abnormal vessels and contact bleeding. Clinically, the mass resembled cervical cancer stage 1B2, however, its punch biopsy showed microglandular hyperplasia. A repeat biopsy was performed due to a high clinical suspicion of malignancy and confirmed benign endocervical polyp with microglandular adenosis. Postnatally, the mass persisted. Loop excision of the transformation zone (LETZ) showed endocervical hyperplasia with microglandular adenosis. The patient remained well and was discharged. **Discussion:** Microglandular hyperplasia of the cervix is a benign condition involving endocervical glandular proliferation. It is common in women of reproductive age and is associated with hormonal exposure such as pregnancy and IVF. Clinically, it may mimic cervical and endometrial adenocarcinomas. Diagnosis is via biopsy and microscopy examination and it does not require treatment. In this case, physiological changes associated with pregnancy and exposure to hormonal treatments used in IVF might have increased her risk of developing this condition. Our case highlights this benign condition, that mimics cervical cancer but with an excellent prognosis.