Unveiling the unforeseen: Huge liver cyst masquerading as ovarian cyst in pregnancy: A case report

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ABSTRACT
Introduction: The diagnosis and management of ovarian cysts in pregnancy can be challenging, especially in the presence of other obstetric complications. We highlight a rare scenario where a huge liver cyst mimicked an ovarian cyst, with a significant impact on the patient’s management. Case Description: A 37-year-old primigravida at 37 weeks gestation with overt diabetes mellitus was admitted for induction of labor. The patient reported right-sided weakness and a significant weight loss. MRI showed a well-defined intramural extra-adnexal lesion, compressing the spinal cord posteriorly causing cord oedema. The multidisciplinary team decided to perform a transoral tumour debulking surgery. Intra-operatively, a greyish, vascularised, and firm mass measuring 3 x 3 cm was excised. The histological examination confirmed the diagnosis of meningotheleial meningioma. Post-operatively, the patient made significant motor function recovery. The patient was discharged with prophylactic Low Molecular Weight Heparin (LMWH) and is currently under antenatal follow-up. Discussion: Meningioma in pregnancy is estimated to be 5 to 6 cases in 100,000 pregnancies. Progesterone-induced mechanism has been postulated as there is a disease progression during pregnancy and regression of tumour size with symptoms improvement during postpartum. Clinical presentation of headache, vomiting, or seizures can be mistaken with hyperemesis gravidarum or eclampsia. The presence of neurological deficits raises the possibility of intracranial lesions and should prompt further investigation. The decision on surgery should be based on the severity of maternal neurological condition. Prophylactic LMWH should be offered due to the prothrombotic effect of meningioma. Elective caesarean section is preferred as it reduces the risk of raised intracranial pressure during the delivery. The management of meningioma in pregnancy should be tailored to the patient’s condition, through a multidisciplinary team approach and regular evaluation of maternal neurological status.

Cranio-cervical junction intramural extramedullary meningotheleial meningioma in pregnancy: A case report

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ABSTRACT
Introduction: Meningotheleial meningioma is a primary intracranial tumour that is rare in pregnancy. Case Description: A 26-year-old primigravida at 9 weeks of gestation presented with worsening headache which started two months prior to her pregnancy. She reported right-sided weakness and a significant weight loss. MRI showed a well-defined intramural extramedullary lesion, compressing the spinal cord posteriorly causing cord oedema. The multidisciplinary team decided to perform a transoral tumour debulking surgery. Intra-operatively, a greyish, vascularised, and firm mass measuring 3 x 3 cm was excised. The histological examination confirmed the diagnosis of meningotheleial meningioma. Post-operatively, the patient made significant motor function recovery. The patient was discharged with prophylactic Low Molecular Weight Heparin (LMWH) and is currently under antenatal follow-up. Discussion: Meningioma in pregnancy is estimated to be 5 to 6 cases in 100,000 pregnancies. Progesterone-induced mechanism has been postulated as there is a disease progression during pregnancy and regression of tumour size with symptoms improvement during postpartum. Clinical presentation of headache, vomiting, or seizures can be mistaken with hyperemesis gravidarum or eclampsia. The presence of neurological deficits raises the possibility of intracranial lesions and should prompt further investigation. The decision on surgery should be based on the severity of maternal neurological condition. Prophylactic LMWH should be offered due to the prothrombotic effect of meningioma. Elective caesarean section is preferred as it reduces the risk of raised intracranial pressure during the delivery. The management of meningioma in pregnancy should be tailored to the patient’s condition, through a multidisciplinary team approach and regular evaluation of maternal neurological status.

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