

Ignicentesis: a prenatal therapeutic approach to prevent torsion of the simple ovarian cyst

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Technical refinements of ultrasound (US) have greatly affected the antenatal diagnosis and treatment of ovarian cysts.

From 1985 to 1993, 52 consecutive fetuses with ovarian cysts were followed-up by US both during pregnancy and postnatally. All cases were diagnosed between the 28th and 39th weeks of gestation. Deliveries were all at term; cesarean section was required only for obstetric complications.

22 (43%) ovarian cysts showed US patterns of cyst torsion, 30 (57%) were simple cysts in 7 (13%) of them was performed an intrauterine needle aspiration (ignicentesis). All the complicated cysts underwent to oophorectomy and sometimes adnexectomy.

The simple ovarian cysts were closely followed prenatally (size and US pattern); 7 of them underwent to prenatal ignicentesis because their increasing diameter (> 5 cm.). In 6 cysts we had the complete resolution and 1 case required two needle aspiration; this case resulted as idronephrosis.

In conclusion: To date we have not seen any more simple ovarian cyst evolved in torsion. Ignicentesis avoids torsion of the simple ovarian cysts, reducing the volume.