

Fimbrial cyst torsion in a term pregnancy: A rare case report

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ABSTRACT

Introduction: Adnexal torsion is a surgical emergency and requires early intervention to salvage the tissues, especially in the adolescent and reproductive age group. Nonetheless, isolated torsion of fimbrial cyst (paraovarian/paratubal) has rarely been described in the literature due to its scarce occurrence. It is even rarer to occur in term pregnancy hence making its diagnosis a conundrum. **Case Description:** We admitted a G1P0 at 38 weeks and 6 days with acute gastroenteritis and reduced fetal movements. She is known to have a left sided adnexal cyst of 5 cm but has been asymptomatic throughout the pregnancy. Whilst being medically fit to be discharged from her initial complaints, she developed a sudden onset left iliac fossa pain, with localizing tenderness over the area between the anterior superior iliac spine and the uterine border. The rest of the abdomen and uterus were soft and non-tender. Her pain did not subside despite pain relief, leading to surgical intervention via cesarean delivery and exploration of the adnexa, revealing an unsalvageable torqued fimbrial cyst needing fimbriectomy. **Discussion:** Adnexal torsion rarely occurs in term pregnancy due to space limitations. Nevertheless, an acute abdomen on the background of adnexal mass requires vigilant assessment and evaluation to ensure timely intervention and prevent further complication.

A five-year review of pregnancy outcomes in women with systemic lupus erythematosus presenting to the combined clinic of Tuanku Ja'afar Hospital, Seremban

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ABSTRACT

Introduction: Systemic lupus erythematosus (SLE) is a multisystem autoimmune disorder that is related to adverse pregnancy outcomes, especially if the disease is still active within six months prior to embarking on pregnancy. This study aimed to evaluate pregnancy outcomes in pregnant women with SLE. **Method:** This was a retrospective observational study which recruited all pregnant women with SLE who attended combined clinic, Tuanku Ja'afar Hospital, Seremban and delivered in the same hospital between 1 January 2017 and 31 December 2021. Outpatient cards and case notes were reviewed for maternal and neonatal outcomes. **Results:** Of 38 eligible subjects, 19 (50%) had lupus nephritis, and 19 (40%) had SLE with no renal involvement. The subjects' clinical SLE Disease Activity Index 2000 (cSLEDAI-2K) scores were 0 in 33 (86.9%) women, 2 in 4 (10.5%) and 8 in 1 (2.6%). The rates of disease flare during pregnancy, pre-eclampsia, gestational diabetes mellitus and caesarean section were 18.4%, 13.2%, 23.7% and 47.4% respectively. The live birth rates were 97.4% with 8 (21.6%) babies being born prematurely. There were 3 (7.9%) cases of fetal growth restriction and 6 (16.2%) cases of fetal distress. None of the newborns had congenital heart block and neonatal lupus. **Conclusions:** Pregnancy in SLE women should be well planned because satisfactory pregnancy outcomes can be achieved if they embark on pregnancy during disease remission. Pregnant women with SLE should also be informed about maternal and fetal complications associated with SLE which put them at a higher chance of needing a caesarean section.