

# Unmasking a giant kidney in pregnancy

**Sing Yee Lee, Andrea Angeline Dass Sugumaran**

Department of Obstetrics and Gynaecology, Hospital Teluk Intan, Perak, Malaysia

## ABSTRACT

**Introduction:** A Huge cystic mass in pregnancy is rare and difficult to diagnose, especially in the presence of a gravid uterus. They are usually discovered as an incidental finding during routine obstetric ultrasonography. **Case Description:** Our case describes an incidental finding of a large cystic mass during second trimester in a 25-year-old woman. She was in her second pregnancy and was referred by primary care team for further evaluation and assessment. Ultrasonography revealed a uniloculated cystic mass measuring 19 x 22 cm, without septation, solid components or doppler uptake. Baseline investigations were unremarkable. An initial diagnosis of ovarian cyst was made. She was planned for caesarean section and unilateral salphingoophorectomy at 34 weeks of gestation. Intraoperatively, a cystic mass measuring 15 x 20 cm was found adherent to the right ovary. The surgical team was consulted intraoperatively. However, the cyst ruptured during manipulation and drained approximately 3 litres of straw-coloured fluid. Postoperatively, the patient had a computed tomography (CT) scan of abdomen and pelvis discovering a right hydronephrosis that was increasing in size. Further investigations including retrograde pyelogram and MAG3 renogram were performed, which were suggestive of a right cystic nephroma. **Discussion:** Large cystic mass is rare during pregnancy and the diagnosis is very challenging with limited imaging. Although commonly arising from adnexa, nevertheless, renal origin masses should also be considered in the differential diagnosis. A diagnosis of cystic nephroma antenatally will require multidisciplinary discussion and approach to facilitate appropriate surgical planning and further improve management and outcome of patient.