ISP-27-3  Pregnancy-related cystic ovarian tumor—A case report
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Hyperreactio luteinalis and Luteoma are uncommon condition complicating pregnancy. They are characterized by varying degrees of benign multicystic ovarian enlargement. It is difficult to differentiate from ovarian cancer. We experienced two cases of pregnancy-related multicystic ovarian tumor rapidly growing during pregnancy. The first case is a 38-year-old woman, gravida 3, para 2. She was admitted to our hospital at 19 weeks of gestation because of bilaterally enlarged multicystic ovaries. MRI scan demonstrated bilateral ovarian enlargement with mural nodules. Because of the uncertainty in diagnosis of the enlarged ovaries, an exploratory laparotomy with bilateral salpingo-oophorectomy was performed at 24 weeks of gestation. The pathological diagnosis was pregnancy luteoma. The second case is a 33-year-old woman, gravid 2, para 1. She was referred to us at 30 weeks of gestation because of multicystic enlargement of the ovaries. On pelvic MRI scan, they had a simple cystic appearance. Serum human chorionic gonadotrophin (hCG) levels were elevated over 200,000 mIU/mL. We suspected hyperreactio luteinalis and employed conservative nonsurgical management. The size of ovaries returned to entirely normal size after the delivery. Knowledge of these rare diseases with findings of clinical imaging might contribute towards preventing overdiagnosis and treatment.

ISP-27-4  3D HD-flow with HDlive silhouette mode in diagnosis of uterine artery pseudoaneurysm during pregnancy
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[Objective] We report an experience using three-dimensional (3D) HDFlow with HDlive silhouette mode to diagnose uterine artery pseudoaneurysm (UAP) during pregnancy. [Case] A 35-year-old primigravida was referred to our clinic because of suspected cervical mass at 34 wks. Transvaginal two-dimensional (2D) sonography showed hypoechoic cervical mass with echoluent center and swirling. Color Doppler showed swirling blood flow within the mass. There were another two cysts without blood flow at cervical lips. 3D HDFlow with glass-body rendering mode and HDlive silhouette mode showed turbulent blood flow inside the mass with clear identification of the feeder artery (right UA), and its exact location on upper surface of the mass. Spatial relationships among the mass, surrounding cervical cysts and tissue, and feeding artery were recognized. Characteristic "Yin Yang" appearance was seen at the periphery of the mass with stagnant flow at its center using HDlive silhouette mode. Diagnosis of UAP was made. Elective Caesarean section was performed at 35w2d to prevent sudden vaginal bleeding. At 11th days postpartum, spontaneous regression of the mass was obvious. [Conclusion] 3D HDFlow with HDlive silhouette mode might be an important adjunctive tool in diagnosis and follow-up of UAP during pregnancy. It may show potential advantages relative to conventional 2D sonography and 2D Doppler alone.

ISP-27-5  Obstetric outcome after laparoscopic removal of rudimentary horn
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[Objective] Rudimentary horn is one type of congenital uterine anomalies, which is at risk of uterine rupture during pregnancy. Therefore currently prophylactic resection is recommended before they consider pregnancy. Here we report obstetric outcome after laparoscopic removal of rudimentary horn. [Methods] A total of 7 cases of pregnancy after resection including 2 pregnancies in 1 woman were encountered in our institution from 2007 to 2015. [Results] There were 2 threatened premature labor out of 7 cases during pregnancy. Mean gestational weeks at delivery were 36±4 weeks. Three cases delivered at term. Three cases delivered vaginally and four by cesarean section. All birth weights were appropriate for gestational age. [Conclusion] Study is limited as for the obstetric outcome of women after prophylactic resection. One previous study has reported that pregnancy after resection is at high risk of preterm birth and that all the cases delivered by cesarean section. We confirmed that approximately 40% of pregnancies in women after resection had term deliveries, which was more frequent than that reported in the previous study. We determined delivery mode by the degree of myometrial injury at resection surgery, and cases with limited deficiency delivered vaginally. If we select the candidate, it might be possible to perform vaginal delivery safely even after resection。(approved by IRB)