

# Fetal Ovarian Cysts

*Patient Information Series – What you should know, what you should ask.*

## **What are fetal ovarian cysts?**

Fetal ovarian cysts refer to the development of fluid-filled sacs on the ovaries of a female fetus that are more than 2cm in size. The incidence is estimated to be about one in 2600 live births.

## **How do fetal ovarian cysts happen?**

Fetal ovarian cysts occur due to the excessive response of the fetal ovaries to high amounts of certain gonadotrophins and estrogens found in the placenta or maternal bloodstream. Conditions such as diabetes, preeclampsia, and rhesus immunization are frequently associated with ovarian fetal cysts. Additionally, thyroid function can influence homeostasis leading to ovarian hyperstimulation in pregnant women, with elevated levels of TSH potentially mimicking the effects of high  $\beta$ -hCG.

## **Should I have more tests done?**

Fetal ovarian cysts are primarily diagnosed by ultrasound. They should also be followed with ultrasounds throughout the pregnancy to see if they change. Occasionally, MRI may be used as an alternative for prenatal evaluation when ultrasound is inadequate due to fetal position, oligohydramnios, or maternal habitus. Fetal ovarian cysts are not genetic, therefore genetic testing does not need to be done for this reason alone.

## **What are the things to watch for during the pregnancy?**

Fetal ovarian cysts can have complications such as bleeding into the cyst or twisting of the cyst (called torsion). Babies with ovarian cysts can sometimes develop problems with a blockage of other organs from the cyst. If there is a blockage of the bowels, this may affect the baby's ability to swallow before birth and cause extra amniotic fluid around the baby, this is called polyhydramnios.

## **What does it mean for my baby after it is born?**

After the baby is born she will need to have the cyst monitored, usually by ultrasound. Most cysts go away on their own in the months after birth. Sometimes the baby will need surgery for the cyst. Surgery may be recommended if the cyst is causing the baby symptoms (such as pain), if the cyst is very large, or if the cyst does not go away over time.

In some babies, the cyst will lead to damage to the ovary and it will not function normally. This often means that the baby will have only one normal ovary. Women with one ovary still go through puberty and can have children.

## **Will it happen again?**

Having one baby with fetal ovarian cysts does not put you at increased risk for this to happen in another pregnancy.

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## What other questions should I ask?

- Is this cyst on one side or both sides? If one side, which side is it on?
- How big is the cyst?
- Does the cyst look simple or complex?
- Can I meet in advance the team of doctors that will be looking after my baby when it is born? Can I meet with a paediatric surgeon?
- Where should I deliver my baby?

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Last updated December 2024