Luteoma of pregnancy as a challenging ovarian mass
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BACKGROUND
Luteoma of pregnancy is a rare nonneoplastic tumor like mass of the ovary that emerges during pregnancy and regresses spontaneously after delivery. It is usually asymptomatic and is found incidentally during a cesarean section or postpartum tubal ligation. However, luteomas can be hormonally active, with production of androgens resulting in maternal and fetal hirsutism and virilization. Less than 200 cases have been described in the literature, and none in radiologic journals. Recognition of this entity is important so that unnecessary oophorectomy, with concomitant risk to both the patient and the fetus, is avoided.

CASE
The patient came to us early in pregnancy in a private clinic with a pregnancy test positive and unsure of her LMP. She is 36 years old G3P2 with 2 livings. She had a history of ectopic pregnancy and tubal abortion was done where there was no need for salpingectomy. Her Q-BHCG was 13500 IU/ml and she was complaining of right iliac fossa stabbing pain. By trans-vaginal ultrasound it was clear that she is pregnant in an intrauterine pregnancy. The gestational sac measures 16 x 11 x 11 mm and no fetal pole seen at the time of scan. The right ovary shows a cyst lesion measures 26 x 20 x 24 mm. There was a mass well defined attached to the right ovary solid in texture giving a picture of donut sign measures 24 x 16 x 24 mm.

DISCUSSION
Luteoma of pregnancy is a rare condition, first described by Sternberg in 1963, which can mimic a more serious solid ovarian neoplasm. Clinically, luteomas are often silent and only discovered incidentally during peripartum surgery. Large luteomas rarely can cause torsion, resulting in acute abdominal pain. In 25% of cases, luteomas are hormonally active, with secretion of androgens. Classically luteomas resolve by 2 to 3 weeks post partum. Our case was accidentally discovered by ultrasound as a solid lesion.

CONCLUSION
Luteoma of pregnancy is a rare condition, which mimics either a solid or complex cystic ovarian neoplasm. It is important for obstetric imagers to be aware of this benign condition.

So, we suspected heterotopic pregnancy. After discussion with the patient the decision was to do a surgical intervention for surgical removal of the mass. A mini laparotomy was done and excision of two adnexal masses was done. The pathology was a surprise to us. It was a luteoma of pregnancy with no evidence of malignancy.