Introduction
Borderline ovarian tumors (BOT) have a peak incidence during reproductive age with up to 25% risk of recurrence. Fertility preservation in those young patients with a previous unilateral annessiectomy and a relapse on the remaining ovary can be challenging.

Case 1
B.T., 24 years old, underwent 3 laparoscopies (LPS) for right ovarian papillary serous borderline tumor with left tubal implants. On November 2018 a cyst of 13mm with 2 papillae on the remaining left ovary was detected at transvaginal ultrasound (TVUS). A random start ovarian hyperstimulation was started and, on December 10th, 15 mature oocytes were cryoconserved. In February 2019, before surgical cystectomy, at TVUS the cyst maximum diameter was 17 mm with 3 papillae, the biggest of 9x5x11mm. All the abdominal biopsies were negative.

Case 2
C.C., 30 years old, nulliparous, underwent an emergency LPS for pelvic pain with the enucleation of an ovarian cyst which revealed to be a 6 mm invasive adenocarcinoma associated with a BOT. Peritoneal cytology was positive for malignancy. In May 2018 a staging LPS was performed with right salpingooophorectomy and multiple abdominal biopsies. Histopathology diagnosed a non invasive implant of seromucinous tumor in the pouch of Douglas. In November a left ovarian cyst of 21mm with a papilla of 9x5x11mm was detected at TVUS. In December a random start ovarian hyperstimulation was started and 4 mature oocytes were frozen. Two subsequent random start stimulations were completed, thus allowing the cryopreservation of 10 more mature oocytes. In February 2019 the cyst measured 31 mm with 3 papillae, the biggest of 4x9x6mm. A LPS cystectomy was performed few weeks later. Histology confirmed the seromucinous nature of the cyst and biopsies were negative.

Conclusion
Controlled ovarian hyperstimulation and oocytes retrieval before planned surgery in case of relapse in women who previously underwent monolateral annessiectomy for borderline tumor can be a safe fertility preservation option.