Ultrasound evaluation of mesonephric paraovarian cyst: Findings and differential diagnosis
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Introduction
Majority of adnexal masses diagnosed in pregnancy are benign. Some clinicians are of the opinion that masses larger than 10 cm have to be removed owing to risks of malignancy.

Case Report
Patient was a 28-year-old Malay, gravida 1. She has no family history of breast or ovarian cancer. Antenatal ultrasound showed:

(i) Single viable fetus of 9+3 weeks. A 9.3 x 8.7 x 5.6 cm hypoechoic mass was noted in the left adnexum. Impression: Pedunculated fibroid. A 2.7x1.4x1.4 cm tubular cystic structure in the left adnexum was probably a hydrosalpinx;

(ii) 20 weeks’ scan: Hypoechoic mass noted in the left adnexum measured 8.1x 5.7x7.6 cm. Impression: Pedunculated fibroid;

(iii) 24+6 weeks. The left adnexal hypoechoic mass measured 9.6x8.9x5.3 cm, colour Doppler detected some intratumoral flow;

(iv) 33+3 weeks. A bilobulated hypoechoic-cystic mass measuring 11.5x 6.1x10.3cm was noted in left iliac fossa. Low-level echoes were noted within this mass which appeared slightly mobile upon probe pressure. Differential diagnoses included pedunculated fibroid and ovarian mass;

(v) 38 weeks. A 12.5x9.5x11.6 cm cystic mass with low level echoes noted. It contained irregular echogenic areas with the largest one measured 8.8x4.8x7.7cm. No obvious flow detected in this mass. Impression: ovarian in origin. Postnataally at 5th week, ultrasound demonstrated a centrally located 10.9x7.2x10.2 cm mix-echo cystic mass, supero-posterior to the uterus. An avascular 9.4x4.0x9.6 cm irregular echogenic area was noted on in its posterior wall. It was mobile and appeared separated from uterus and both ovaries. Patient underwent elective laparotomy myomectomy, KIV cystectomy, frozen section, KIV oophorectomy.

Discussion and Conclusion
The ectopic stromal endometrial cells in the index mass might have undergone decidualisation, which is a process induced mainly by progesterone. It results in hypertrophy of the endometrial stromal cells and eventual formation of highly vascular decidualised tissues. Decidualised nodules would also increase in size and produce a grossly solid sonographic appearance mimicking malignancy. The index mass was perceived as having features suggestive of fibromyoma. In Fig 1, there were some scattered echogenic nodules along the wall of the mass. These were probably decidualised nodules. The mass increased in size and was more cystic at 38 weeks probably owing to resolution of clots. The findings demonstrated the spectrum of appearances in decidualised endometrioma.