

## Neuroendocrine tumour of the pancreas in pregnancy: A case report

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### ABSTRACT

**Introduction:** Pancreatic cancer in pregnancy is rarely reported and diagnosis is delayed and challenging due to controversies over imaging safety in pregnancy. It is associated with high maternal mortality and morbidity if untreated. **Case Description:** A 22-year-old primigravida at 18 weeks gestation, non-smoker or alcoholic with gestational diabetes presented with left hypochondriac pain, gastrointestinal symptoms (loss of appetite, indigestion, and loss of weight) for one week. Blood investigations revealed severe anaemia (Hb 7.9), and deranged LFT. Contrast imaging revealed a likely malignant pancreatic lesion. A multidisciplinary team discussion was held to discuss further treatment and management options. A detailed scan of the fetus revealed no structural abnormality. Subsequently, the patient underwent laparotomy distal pancreatectomy and splenectomy at 23 weeks of gestation. Intra-operatively there was a huge distal pancreatic encapsulated cystic mass measured 15 x 15 cm. Histopathology revealed a large well differentiated neuroendocrine tumour of the pancreas (T3 Mx Nx) and subsequently referred to Institute Kanser Negara (IKN) for systemic Somatostatin analogue therapy. However, the patient had preterm delivery at 30 weeks of gestation. Unfortunately, the baby succumbed on day seven of life due to prematurity complications. Subsequently, the patient defaulted treatment. **Conclusion:** Pancreatic malignancy in pregnancy poses diagnostic challenges due to the limitation of imaging modalities that are safe in pregnancy. This may result in the avoidance of functional diagnostic tests and delay in management and treatment. A multidisciplinary approach is vital to provide comprehensive clinical management and individualised treatment for patient and the developing fetus.

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## Right angular pregnancy with impending uterine rupture on a previous caesarean scarred uterus – “A single in a lifetime”

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### ABSTRACT

**Introduction:** Angular pregnancy is when the embryo is implanted in the lateral angle of the uterine cavity, medial to the utero-tubal junction and round ligament. This condition can cause complications during the antenatal, intrapartum, and postnatal periods. **Case Description:** We report a case of a 30-year-old lady, Gravida 2 Para 1 at 22 weeks 5 days of gestation with a history of previous lower segment caesarean section. She presented with complaints of leaking clear liquor. Abdominal examination revealed a palpable uterus at 28 weeks' size. Trans-abdominal ultrasound showed an amniotic sac with a viable fetus outside of the uterine cavity with parameters corresponding to 21 weeks of gestation and reduced liquor. MRI pelvis was reported as an impending uterine rupture with an intrauterine pregnancy. The patient underwent a midline laparotomy, wedge resection, and right salpingectomy. She recovered after 5 days and was discharged home. **Discussion:** An angular pregnancy remains as one of the rarest forms of ectopic pregnancy following a history of previous caesarean section with high maternal mortality. Diagnosis can be challenging, but significant delays in treatment can result in catastrophic consequences.