

Cranio-cervical junction intramural extramedullary meningotheial meningioma in pregnancy: A case report

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ABSTRACT

Introduction: Meningoethelial meningioma is a primary intracranial tumour that is rare in pregnancy. **Case Description:** A 26-year-old primigravida at 9 weeks of gestation presented with worsening headache which started two months prior to her pregnancy. She reported right-sided weakness and a significant weight loss. MRI showed a well-defined intramural extramedullary lesion, compressing the spinal cord posteriorly causing cord oedema. The multidisciplinary team decided to perform a transoral tumour debulking surgery. Intra-operatively, a greyish, vascularised, and firm mass measuring 3 x 3 cm was excised. The histological examination confirmed the diagnosis of meningoethelial meningioma. Post-operatively, the patient made significant motor function recovery. The patient was discharged with prophylactic Low Molecular Weight Heparin (LMWH) and is currently under antenatal follow-up. **Discussion:** Meningioma in pregnancy is estimated to be 5 to 6 cases in 100,000 pregnancies. Progesterone-induced mechanism has been postulated as there is a disease progression during pregnancy and regression of tumour size with symptoms improvement during postpartum. Clinical presentation of headache, vomiting, or seizures can be mistaken with hyperemesis gravidarum or eclampsia. The presence of neurological deficits raises the possibility of intracranial lesions and should prompt further investigation. The decision on surgery should be based on the severity of maternal neurological condition. Prophylactic LMWH should be offered due to the prothrombotic effect of meningioma. Elective caesarean section is preferred as it reduces the risk of raised intracranial pressure during the delivery. The management of meningioma in pregnancy should be tailored to the patient's condition, through a multidisciplinary team approach and regular evaluation of maternal neurological status.

Unveiling the unforeseen: Huge liver cyst masquerading as ovarian cyst in pregnancy

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ABSTRACT

Introduction: The diagnosis and management of ovarian cysts in pregnancy can be challenging, especially in the presence of other obstetric complications. We highlight a rare scenario where a huge liver cyst mimicked an ovarian cyst, with a significant impact on the patient's management. **Case Description:** A 37-year-old, primigravida at 37 weeks gestation with overt diabetes mellitus was admitted for induction of labor. The patient reported symptoms of abdominal distension and difficulty breathing for the past month. Physical examination revealed abdominal fullness over the right hypochondriac region. Abdominal ultrasound revealed a large right ovarian mass extending up to the right hypochondriac region with normal kidneys. The estimated fetal weight was 3 kg, and the amniotic fluid index measured 17 cm. An emergency caesarean section was performed due to failed induction. The baby was born vigorous, weighing 3.1 kg. The caesarean section was uneventful. A massive liver mass measuring approximately 20 x 20 cm was unexpectedly discovered. The surgical team was consulted, and liver deroofting was performed, draining approximately 6 liters of serous fluid. The patient had a smooth post-operative recovery and was discharged on the fourth day after the surgery. **Conclusion:** This case highlights the significance of considering alternative diagnoses in pregnant patients with huge adnexal masses, especially when clinical presentation and imaging findings deviate from the expected. Misdiagnosis of liver cysts as ovarian cysts, although rare, can have substantial implications for patient management. Early recognition and appropriate surgical intervention can lead to favorable outcomes for both the mother and the fetus.