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LETTER TO THE EDITOR

"Side change" of a fetal ovarian cyst: Key to diagnosis

Dear Editor,

We read with interest the article, "Fetal ovarian cysts. Our clinical experience over 16 cases and review of the literature" by Dimitraki et al. [1] During a 10-year period, 16 fetal ovarian cysts were detected by antenatal ultrasound. While 15 of these spontaneously regressed without surgical intervention, one patient required oophorectomy for the torsion of the cyst. Together with a review of the literature, they concluded, "the majority of fetal ovarian cysts will regress spontaneously" and "fetal ovarian cysts should be followed with serial ultrasonographic examinations." They also stated that torsion is one of the most serious complications requiring surgical intervention. Thus, a majority of fetal ovarian cysts can be managed with observation alone and do not require surgery, unless torsion ensues.

It was an unfortunate delay that prevented Dimitraki et al. [1] from citing our recent report [2]. A left ovarian simple cyst (30 × 29 mm) was detected in a 28th week female fetus. One week later, repeat ultrasound revealed an increase in size of the cyst (43 × 36 mm) and the appearance of echogenicity within the cyst. No nonreassuring fetal signs appeared, and we diagnosed torsion of a left ovarian cyst, which did not require acute intervention at that time. Ultrasound and magnetic resonance imaging soon after term birth revealed a right-sided, and not left-sided, cyst. Laparoscopic surgery was performed on the fourth day of life to confirm the diagnosis and, depending on the situation, to remove the cyst. The left ovary was absent and a normal right ovary was present. A necrotic cyst (40 × 35 mm) in the right pelvis was removed, which was later histologically confirmed to be an ovarian cyst.

In reporting this case, we coined the term "side change" [2]. The events are simple: A fetal ovarian cyst underwent torsion with subsequent auto-amputation. The mass then moved from left to right. Thus, "side change" results from auto-amputation of the fetal ovarian cyst. Dimitraki et al. [1] also cited an article dealing with this phenomenon, which reported migration of a cyst to the opposite side; however, they did not emphasize the phenomenon. The term "wandering" tumor also indicates auto-amputation; however, antenatally localizing the mass may not

be easy: "wandering" may be difficult to discern. In contrast, "side change," if it occurs, is quite easy to discern. Torsion, and subsequent auto-amputation, may require surgery, as reported by Dimitraki et al. [1] and our group [2], respectively.

Dimitraki et al.'s first conclusion that the "majority of fetal ovarian cysts will regress spontaneously" is correct. However, obstetricians may feel reassured once a fetal ovarian cyst is diagnosed. Their second conclusion is also correct, that "fetal ovarian cysts should be followed with serial ultrasonographic examinations." If "side change" is observed, it strongly indicates torsion with subsequent auto-amputation of the cyst.

We hope to introduce this new expression, "side change." "Side change" may help physicians recall this condition, enabling them to establish "side change" from the "observing side" to the "surgical side," when indicated.

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