

## Gynecology 2017: Pregnancy with Large Intra-Abdominal Tumor – Case Report- Gabriela Bushinoska-Ivanova, Gynecology and Obstetrics Clinic-Skopje, Macedonia

**Gabriela Bushinoska-Ivanova**

*Gynecology and Obstetrics Clinic-Skopje, Macedonia*

An abdominal mass is an abnormal collection of tissue within the abdomen. The abdomen is that the internal compartment between the chest and pelvis commonly mentioned because the belly. Abdominal masses could also be large or small, benign or malignant (cancerous), and curable or untreatable. samples of small benign abdominal masses include hamartomas and cysts, which are solid and fluid-filled collections, respectively, of normal cells. samples of serious abdominal masses are cancer, abscess, and abdominal aneurysm, which may be a life-threatening enlargement of the aorta within the abdomen. Tumors during pregnancy are rare, but they can happen. Tumors can be either benign or malignant. Benign tumors aren't cancer. Malignant ones are. The most common cancers in pregnancy are carcinoma, cervical cancer, lymphoma, and melanoma. Cancer itself rarely harms the baby, and a few cancer treatments are safe during pregnancy. Treatment will depend on how far along the pregnancy is, as well as the type, size, and stage of your cancer. Another sort of tumor that ladies can get is named a gestational trophoblastic disease (GTD). It happens when an embryo doesn't become a fetus. GTD is not always easy to find. It is usually benign, but some types are often malignant. The most common sort of GTD may be a hydatid mole. In its early stages, it's going to appear as if a traditional pregnancy. Treatment depends on the type of tumor, whether it has spread to other places, and overall health. Typically, desmoids arising during or shortly after pregnancy are nearly always located within the wall. Desmoid tumours are rare mesenchymal tumours, often locally invasive and characteristically related to a high local recurrence rate after resection. A potential aetiological role for female hormones is indicated. Pregnancy-associated desmoid tumours are almost exclusively located within the wall. An essential issue is the way to counsel women who have had a pregnancy-associated desmoid tumour and subsequently wish in touch a toddler. The giant tumour had no apparent adverse

influence on the fetus and its vaginal delivery, possibly because the desmoid originated from the transversal mesocolon. In some cases, pregnancy can occur with large tumor masses within the abdomen. This compromises the pregnancy and asks for premature delivery or abortion, depending on when the tumor mass is diagnosed. The abdominal tumors which occur during pregnancy could also be of gynecologic origin, other abdominal tumors, lymphomas or other undiagnosed abdominal masses. These masses got to be operated as soon because the pregnancy ends. It's often difficult to diagnose them unless there are symptoms like pressure on the bowels, ileus, vomiting, weight loss and circulation problems.

**Conclusion:** In rare cases, pregnancy are often compromised by large intra-abdominal tumors which may put the health of both the mother and therefore the fetus in peril. It's suggested that future mothers are regularly examined, before pregnancy, in order that they will keep track of their health and skill to breed. The entire pregnancy period should be carefully observed, too, since the symptoms can sometimes cause interdisciplinary examinations and consultations with other specialists. This will ensure mothers are healthy and may give birth to healthy offspring. Up to her 32nd g.w. the patient during this case report was only examined by her local gynecologist and wasn't submitted to secondary or tertiary obstetrics examination, hence her condition couldn't be diagnosed sooner.

### **Biography:**

Gabriela Bushinoska-Ivanova is a Gynecologist at Gynecology and Obstetrics Clinic-Skopje, Macedonia.

[gabcence@yahoo.com](mailto:gabcence@yahoo.com)