

## PII6: OVARIAN SPARING LAPAROSCOPIC RESECTION OF GIANT MATURE TERATOMAS IN FEMALES <12 YEARS

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**Background** The guidelines of The Royal College of Obstetricians and Gynecologists (RCOG) recommend that when surgery is indicated, a laparoscopic approach be generally considered to be the gold standard for the management of all benign ovarian masses. However, the maximum cyst size above which laparotomy should be considered is controversial, with some investigators recommended laparotomy for mature cystic teratoma >10 cm. The aim of this case series is to present ovarian sparing laparoscopic resection of giant mature teratomas >10cm in 3 females <12.

**Materials and methods** The case series selected 3 female patients <12 years who presented with ovarian masses >10cm and underwent Magnetic Resonance Scans. Tumor markers were included in the preoperative work-up and were found to be negative. The procedures were performed using a 3 port technique. The most prominent side of the ovarian mass was carefully incised, and careful preparation using Ligasure® was performed to completely free the mass from the normal ovarian tissue attachment. The masses were placed in large endoscopic specimen bags and extracted through the umbilical port after the extension of the skin incision facilitated further by a larger fascia incision to remove the masses.

**Results** The procedures were completed in 90 min (75, 95, and 100) and the patients recovered well after surgery. Follow-up examinations during the past 3 years have demonstrated follicular function in the residual ovaries. In one patient that presented with an ovarian torsion, the residual ovary demonstrates presence of follicular function, however it is markedly reduced (max 3 follicles/scan). Tumor markers during the follow-ups have also demonstrated normal baseline values.

**Conclusions** Ovarian sparing laparoscopic resection of giant mature teratomas >10cm in females <12 years are challenging procedures, especially as there is little space to maneuver between the ovarian capsule and the teratoma, breaching of which risks spillage of contents into the abdominal cavity. These procedures need careful planning along with long-term follow-up of patient.

**Key words** ovarian sparing, laparoscopy, giant mature teratoma, girls