Reply to letter to editor on “Expectant management of borderline ovarian tumor during pregnancy”

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We thank Drs Iavazzo and Gkegkes for their interest in our findings and their comments on our manuscript entitled “Borderline Ovarian Tumor in pregnancy: can surgery wait? A Case Series”.

The main goal of our study was to present our experience on the safety of long-term follow-up in borderline ovarian tumors (BOTs) during pregnancy, especially in women with BOT relapse and concomitant pregnancy.

It is important to notice the oncological anamnesis of a pregnant patient presenting with adnexal mass. Despite the experience of the sonographer, it is not easy to discriminate between primary BOT or another type of neoplasia in the absence of previous history of ovarian cancer. Indeed, other tumors may show the same ultrasonographic characteristics of BOT, thus deceiving even an expert ultrasound eye [1].

Therefore, in case of first ultrasound suspicion of BOT during pregnancy, surgical removal of ovarian mass should be performed to confirm histological diagnosis, unless contraindicated because of advanced gestational age [2].

Another advice is not to forget the evaluation of the ovaries in the routine ultrasound during pregnancy, at least up to 20 weeks when visible. If adnexal cyst with solid component has been detected, pregnant women should be immediately referred to expert sonographers and oncologic gynecologists working at tertiary care centers.

Declarations

Conflict of interest The authors declare that they have no conflict of interest.

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