



Letter to the Editor

"Bilateral Ovarian Mass at Gestation: Case Report"

We have read the evaluation of Prof. Dr. Tugan Beşe about our article "Bilateral Ovarian Mass at Gestation: Case Report" published in *Perinatal Journal of 2004*; 12(4). We thank Mr. Beşe for his concerning and contributions for our publication.^{1,2}

We completely agree to the evaluation of Mr. Beşe about ovarian masses at gestation, but our purpose for publishing this article was neither to discuss immature teratoma case at gestation nor what the treatment of any ovarian cancer is. As we stated at the end of our article, our purpose was to emphasize that evaluating adnexial areas together with controlling pregnancies is important and thus it helps to control masses in early period and it may help to reduce rates of complications of mother and fetus by treatment in elective conditions. It is clear that evaluating cases in elective conditions which had mass in gestation, taking them into operation in elective conditions, directing surgery by doing suitable frozen pathology are all important. Because, if there is not enough preparation for cases before surgery, complication rates of gestation occurred by surgical interference are increased.³ Due to the fact that our case was a case which was taken in an urgent situation because of a painful continual cesarean and it was not monitored by us and frozen possibility could not be used (Though the mass taken from the case was sent for frozen determination, frozen possibility could not be used due to the fact that pathologists could not make benign-malign differentiation and thus frozen was not mentioned in the article); required surgical phasing of malign ovarian tumor was not done due to the fact that it was not known whether the mass was certainly malign or not. Only preoperative ultrasonography could be done to patient in urgent conditions for the purpose of

diagnosis. Evaluation of Mr. Beşe and his approach about ovarian mass cases are appropriate. But due to the fact that we could not benefit from frozen possibility, surgical phasing which should be applied for malign ovarian tumor in case could not be done. Though we planned surgical phasing, complementary surgery and chemotherapy after definite diagnosis in postoperative period, they could not be done due to the fact that the patient was discharged from the hospital on patient's demand until obtaining patient pathology result and that we could not contact with the patient after discharging (telephone number and address that patient gave were all wrong).

Consequently, we thank Mr. Beşe for his concerning and contributions to our article and we state that we agree with Mr. Beşe's approaches to ovarian tumors. Reason of publishing this case was to emphasize that monitoring carefully all pregnant and evaluating in adnexial areas together may enable to do their treatments in elective conditions, not in urgent cases as in our case.

Yours Faithfully,

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References

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3. Platek DN, Henderson CE, Goldberg GL. The management of a persistent adnexal mass in pregnancy. *Am J Obstet Gynecol* 1995; 173: 1236-40.