INTRA-ABDOMINAL CYSTS

INTRODUCTION

This guideline does not apply to cystic structures which may be arising from the urinary tract

- Antenatally detected intra-abdominal cysts include:
- ovarian
- intestinal duplication
- mesenteric
- vitello-intestinal

SYMPTOMS AND SIGNS

- Most cysts will be asymptomatic but the following can be present:
- abdominal pain
- vomiting
- abdominal distension
- respiratory compromise
- rectal bleeding
- Meconium pseudocyst may also be detected on an antenatal ultrasound. They will nearly always cause vomiting and abdominal distension and may be associated with underlying diagnosis of cystic fibrosis

MANAGEMENT

Antenatal

- Refer to/discuss appropriate place for delivery with fetal medicine unit
- Refer to paediatric surgeon for antenatal counselling

Delivery

- In most cases, obstetric management will not alter

Postnatal

- Resuscitate baby as normal
- Once stable, perform full postnatal physical examination (see **Examination of the newborn** guideline)

Meconium pseudocyst

- If suspected antenatally, do not feed baby at birth
- Insert size 8 Fr nasogastric tube (NGT) immediately after birth and fix securely with tape (see **Nasogastric tube insertion** guideline)
- Empty stomach by aspirating NGT with a 10 or 20 mL syringe
- if <20 mL aspirated, check position of tube
- Place NGT on free drainage by connecting to a bile bag
- Once stabilised, admit baby to NNU
- Replace nasogastric losses, mL-for-mL, using sodium chloride 0.9% with potassium chloride 10 mmol/500 mL IV
- Commence IV maintenance fluids (see **Intravenous fluid therapy** guideline)
- On day of birth, refer to on-call surgical team at planned place of surgery

Other types of intra-abdominal cyst

- Unless significant abdominal distension present following birth, allow baby to feed normally and observe in postnatal ward.
- If baby well after 24 hr with no abdominal symptoms and feeding normally then discharge
- Arrange outpatient abdominal ultrasound scan 4-6 weeks after birth
- Consider sacrococcygeal teratoma (SCT) – could be entirely intra-abdominal and arising from pelvis, in which case discuss with paediatric surgeon

SURGICAL REFERRAL

- Urgency will depend on clinical situation
- **Meconium pseudocyst:**
  - manage as above and refer to surgeon on day of birth
- **Symptomatic cyst:**
  - stabilise on NNU and refer to on-call surgical team on day of presentation
- **Asymptomatic cyst:**
  - abdominal ultrasound ≤1 week of birth
  - when result known, written outpatient referral to consultant paediatric surgeon
  - if arising from pelvis consider SCT and discuss with paediatric surgeon
- **Resolved cyst:**
  - ultrasound ≤1 week of birth, even if cyst appears to have resolved during pregnancy. Arrange outpatient surgical referral

USEFUL INFORMATION

- http://www.e-lfh.org.uk/programmes/paediatric-surgery/