Clinical Case: Successful Pregnancy Progression in A Patient with Extensive Pelvic Adhesive Process and Regressing Ovarian Endometrioma

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Abstract

28-year-old patient presented in October 2025 with an eight-month history of primary infertility. Initial ultrasound revealed a 25 mm left ovarian endometrioma, bilateral pelvic adhesions, and partial obliteration of the pouch of Douglas. Given the small cyst size and absence of pain, expectant management was recommended.

Three months later, the patient conceived spontaneously. An ultrasound at 5 weeks and 6 days gestation confirmed an intrauterine pregnancy. It showed a fixed right ovary with adhesions and a left ovary containing the endometrioma, now measuring 22 mm. Hyperechoic strands and partial pouch of Douglas obliteration with free fluid were again noted.

A follow-up scan at 6 weeks and 5 days demonstrated normal fetal growth (heart rate 151 bpm) and regression of the endometrioma to 20 mm, with no signs of rupture or torsion. Laboratory parameters were within normal limits.

This case demonstrates successful early pregnancy progression despite significant endometriosis. The regression of the endometrioma suggests a beneficial effect of the gestational hormonal environment. Expectant management of small endometriomas in the first trimester appears to be a safe and justified approach. Postpartum follow-up is recommended. However, these findings are based on a single clinical observation, and further studies are required to evaluate the effectiveness and safety of this strategy.

Index Terms

Extensive Pelvic Adhesive Process, Regressing Ovarian Endometrioma During Pregnancy