INTRODUCTION
An increasing detection of ovarian cysts has been reported in the recent years with the widespread use of ultrasound (US) during pregnancy and the improvement in US techniques. Autopsy studies showed that approximately 30% of NB have follicular cysts. The incidence estimated of fetal cysts with significant size is 1 in 2500 live birth. Ovarian cysts are the non renal cystic masses detected more frequently in obstetric US. While their natural history is the spontaneous resolution in a significant number of cases, proper management is still controversial.

PURPOSE
To determine the prenatal and postnatal US ovarian cysts characteristics, outcome, complications and therapeutics.

MATERIAL AND METHODS

RESULTS
Out of 25 newborns, 23 had ovarian cysts. Of the other 2 patients 1 had a mesenteric cyst and the second a cystic duodenal duplication. We were able to check outcome in all of the patients. One NB had a single kidney. None of the accepted maternal or fetal risks for ovarian cysts such as maternal diabetes, toxemia, RH inosinmunization and congenital hypothyroidism were present in our patients. The mean gestational age at diagnosis was 32 weeks (range: 24-35 weeks). Aspect of simple cysts was found in 65% of cases (Fig. 1).

The charts of 25 female patients born from December 2001 to July 2010 with pelvic or abdominal cystic images in prenatal US were retrospectively reviewed assessed. Gestational age at diagnosis, US features: shape, size, mobility, echogenicity, outcome in terms of: complications, progression, stability, partial or total spontaneous regression and treatment were determined. Fetus pathology associated and maternal antecedents also were recorded.

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CONCLUSION
The 83% of the ovarian cysts detected by antenatal US regressed spontaneously. The complications in 3 patients occurred intrautero previous at the moment of diagnosis. None cyst ≤ than 5 cm complicated. The high percentage of spontaneous resolution in fetal and newborns with non mobile simple cysts ≤ than 5 cm of MD suggests clinical and US surveillance. It is necessary to identify the subgroup of patients who may benefit from intrauterine cyst decompression.

BIBLIOGRAPHY