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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Reference** | **Patient age** (years) | **Parity** | **Time at diagnosis** | **Previous surgery** | **History of FAP / Gardner’s syndrome** | **Tumor location** | **Initial tumor size** (cm) | **Tumor size at delivery** (cm) | **Management and Treatment** |
| Mohd Sulaiman et al. 2022 [57] | 20 | Para 1 | 13 g.w. | SC | Yes | Left rectus abdominisRight hypochondrium | 4×7×102×4×5 | 15×125×5 | Follow-up, Elective CS at 34th g.w. due to progression and local compression urinary symptoms |
| Marsh-Armstrong et al. 2021 [92] | 28 | Para 1 | Before pregnancy | N/A | No | Intraabdominal pelvic and right obturator fossa | 13.3 | 27.1 | Failed cryoablation during pregnancy, followed by 2 cycles of doxorubicin (75 mg/m2, 21-day cycles)Elective CS at 35th g.w. due to growth progression and local urinary and bowel compression sympromsRadical surgery 6 months after delivery |
| Jin et al. 2020 [93] | 28 | Para 1 | 32 g.w. | LSC total colectomy | Yes | Intra-abdominal, left side of the uterus  | 21×12 | N/A | Follow-up, spontaneous vaginal delivery without complicationsRadical surgery at 1 month post partum |
| Palacios-Zertuche et al. 2017 [94] | 28 | Para 0 | 5 g.w. | N/A | No | Abdominal wall  | 11×15×18 | 26×20.5×18 | Follow-up, Elective CS at 39 th g.w.Laparotomy, with tumour resection, hysterectomy and left salpingo-oophorectomy post partum |
| Hanna et al. 2016 [95] | 19 | Para 0 | 34 g.w. | No | No | Intra-abdominal mass - distal small bowel mesentery | 12 | N/A | Follow-up, spontaneous vaginal delivery without complicationsRadical surgery for 30 cm × 24 cm × 16 cm growth progression at 3mnd post partum  |
| Sueishi et al. [61]  | 21 |  | 8 years before pregnancy | No | N/A | Internal obturator muscle | 8 | N/A | 2-times operated for DT, followed by 2 deliveries, Spontaneous regression of DT one year after the last delivery |
| Awwad et al. 2013 [96] | 40 | Para 1 | 20 g.w. | SC | N/A | Right abdominal wall | N/A | 12 × 9.5 × 7 | Follow-up, Elective CS at 39th g.w. With radical resection of the tumor |
| Choi et al. 2012 [97] | 36 | Para 1 | Before pregnancy | No | No | Right rectus muscle | 3x2 | 3x3x2 | Follow-up, spontaneous delivery, Minor incision post partum |
| Durkin et al. 2011 [98] | 29 | Para 1 | First trimester | No | No | Left rectus abdominis muscle  | 3.5×7.2 | N/A | En bloc resection of DT in 22nd g.w. sized 18.5x15x9.0 with mesh repairFollow-up and vaginal delivery at 39th g.w. |

**Table 1.** An overview on selected previously published cases of desmoid tumors in pregnancy showing variable clinical behaviour and different approaches in management of DT. (LPT – laparotomy; LSC – laparoscopy; CS – caesarean section; DT – desmoid tumor; N/A – not available; g.w. – gestational week)