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BILATERAL OVARIAN DERMOID CYSTS WITH UV PROLAPSE A RARE CASE REPORT

Gynaecology

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ABSTRACT

Objective: Bilateral ovarian dermoid cysts are very unusual .Here we report a woman who presented with third degree UV prolapse and bilateral ovarian dermoid cysts.

Case report: 40 year old para1 live1 abortion 2 woman came with complaints of mass descending pv and chronic lower abdominal pain. On examination she had third degree UV prolapse with cystocele and rectocele and firm masses felt in both fornices .Ultrasound showed normal sized uterus with bilateral complex hyperechoeic cysts suggestive of ovarian dermoids.We proceeded with vaginal hysterectomy with pelvic floor repair and bilateral ovarian cystectomy. Histopathology confirmed the diagnosis of bilateral ovarian dermoid cysts.

Conclusion: All women should be screened for adnexal pathology even if they come with other gynaec complaints. This case is being reported for its rarity as the combination of UV prolapse with bilateral ovarian dermoids is very rarely reported in literature.

KEYWORDS

Bilateral ovarian dermoid cysts, prolapse uterus, cystectomy.

Introduction:

The word dermoid was coined by Leblane in 1831. It is also called as mature cystic teratoma. It accounts for 10 to 20% of all ovarian neoplasms[1]. It is a sac like growth that may be present from birth. It usually grows very slowly. It may contain an array of developmentally mature solid tissues like skin, hair ,sebum, sweat glands, fat, bone, cartilage, nail, teeth eyes and thyroid tissue. 0.1 to 0.2% of cases may undergo malignant transformation eg., squamous cell carcinoma or endodermal sinus tumour. Treatment is complete surgical excision without spillage. Here we report a rare case who case who presented with bilateral ovarian dermoid cysts and third degree UV prolapse.

Case report:

40 year old woman came to us with complaints of mass descending pv and chronic abdominal pain. On examination she had third degree uv prolapse with cystocele and rectocele and firm masses palpable in both fornices. Routine investigations was normal. Her Ca-125 was 12 IU/ml. Ultrasound showed normal sized uterus and right ovarian cyst of 5 X 6 cm and left ovarian cyst of 4 X 6cm ,both hyperechoeic complex cysts suggestive of dermoid cysts (Fig-1). Under spinal anaesthesia she underwent vaginal hysterectomy followed by bilateral ovarian cystectomy without any spillage and then proceeded with anterior colporaphy and posterior colpoperineoraphy. Both ovarian dermoid cysts were lying without any adhesions and the capsule was intact. Cutsection showed sebaceous material and locks of hair in both cysts (Fig-2). Her post operative period was uneventful. She was discharged on 7 the post operative day. Histopathology of the specimen confirmed the diagnosis of bilateral ovarian dermoid cysts.

Figure – 1

Ultra Sound Picture of bilateral ovarian dermoid cysts

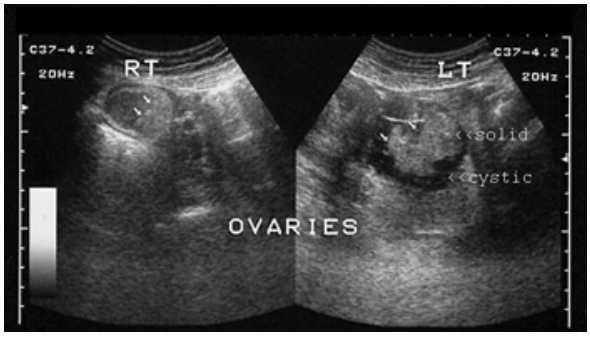
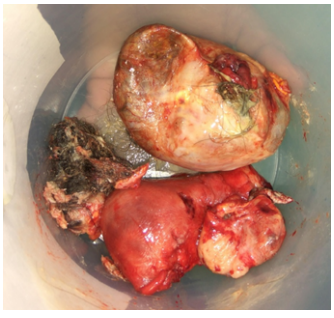


Figure – 2

Cutsection of ovarian bilateral ovarian dermoid cysts



Discussion:

Germ cell tumours are derived from primordial germ cells of the ovary. Approximately 25 to 30% of all ovarian tumours are of germ cell origin. Of these 96% are benign and 4% are malignant. Benign cystic teratoma accounts for 10 to 20% of all ovarian neoplasms[2]. 10 to 15% are bilateral. They are composed of well differentiated derivatives of all three germ cell layers (ectoderm, endoderm and mesoderm[3]). They are usually asymptomatic until they reach considerable size. They may present with acute pain abdomen if it undergoes torsion infection or rupture. Malignant transformation is uncommon ,occurring in approximately 0.1 to0.2% of cases usually in older women[4]. Treatment is complete surgical excision without any spillage of contents. An inflammatory reaction can occur if there is spillage. It can also recur if not completely excised. On cut sections it contains derivatives of all three layers. Very rarely rupture of dermoid cyst into a hollow viscus due to adhesions may present as perforative peritonitis[5].

Conclusion:

Although laparoscopic excision is the treatment of choice nowadays, we had to remove both cysts through vaginal route as the woman had third degree uv prolapse. Hence this case is reported for the rare combination of uv prolapse and bilateral ovarian dermoid cysts.

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