



Case Report: Dermoid Cyst in Post Menopausal Female.

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ABSTRACT

Benign ovarian tumors, dermoid cyst, occur in all age groups, whereas malignant ovarian tumors are more common in the elderly.

In my study, a 60 year old female, post menopausal presented with complaints of pain in left iliac fossa. on transvaginal ultrasonography showed echogenic mass of 7.6 x 6.8 cm on the left and 3.5 x 4.2 cm on right side, representative of the fat/fluid interface suggestive of the dermoid cyst.

On laparotomy, the tumor demonstrated a classic appearance of a mature cystic teratoma, showing sebaceous material, hair tissue. The patient underwent hysterectomy with bilateral salpingo-oophorectomy. Specimen was send for histopathologic evaluation.

The mechanism of the malignant transformation arising in ovarian mature cystic teratoma is not clear, but in case of older age malignant transformation seems to be related to the long-term presence of unremoved mature cystic teratoma in the abdomen.

KEYWORDS : dermoid cyst, bilateral, post menopausal, benign.

INTRODUCTION

Dermoid cyst, or mature cystic teratoma, is the most common type of ovarian germ cell tumor, comprising up to 30% of all masses⁽¹⁾. The peak incidence of ovarian tumor is between 21 and 40 years. Benign ovarian tumors occur in all age groups, whereas malignant ovarian tumors are more common in the elderly.⁽²⁾

Mature cystic teratomas are most common in women of reproductive age group and the rate of malignant conversion is 0.17-2%^(3,4)

Occurrence of a benign cystic teratoma (dermoid cyst) in a post-menopausal female appears is a rare entity. In a study conducted by Gordon et al over 6 years, only 16 menopausal patients were diagnosed with mature cystic teratomas. In this group, the incidence of malignancy was 19%, and the incidence of bilaterality was 20%.⁽⁵⁾

CASE REPORT

A 60 year old female, menopausal since 10 years presented with complaints of pain in left iliac fossa since 2 years, dull aching, non-radiating and continuous in nature. She denied anorexia, fever, dysuria, hesitancy, frequency, vaginal bleeding or discharge, or change in bowel habits. There was no post-menopausal or post coital bleed. Her past menstrual history was not significant. Patient had been married for 45 years, had four children, all delivered normally and breast fed. Tubal Ligation had been done 24 years back.

Abdominal examination did not reveal any mass and no abnormality was detected on per speculum examination. On bimanual examination, uterus was mildly bulky and a left adnexal mass of approximately 7x6 cm was palpable, not separate from uterus. Right fornix was free. The mass did not move with cervical motion. Rectal examination was normal.

Urinalysis did not demonstrate beta human chorionic gonadotropin. White blood cell count was 8400 cells per cubic mL, with 85% neutrophils, Hb 10.8 gm%. CA 125 was within normal limits. A contrast computed tomography (CT) scan of the abdomen and pelvis was obtained followed by transvaginal ultrasonography which showed echogenic mass of 7.6 x 6.8 cm on the left and 3.5 x 4.2 cm on right side, representative of the fat/fluid interface suggestive of the dermoid cyst.

On laparotomy, upon gross dissection, the tumor demonstrated a classic appearance of a mature cystic teratoma, showing sebaceous material, hair tissue as seen in figure 1 & 2. The patient underwent hysterectomy with bilateral salpingo-oophorectomy followed by an

uncomplicated post-operative course. Uterus, cervix and bilateral fallopian tube and bilateral ovarian mass was send for histopathologic evaluation.



Figure: 1



Figure: 2

DISCUSSION

Mature cystic teratoma often referred to as dermoid cyst is the most common germ cell tumor of the ovary in reproductive age group, but it can occur in post-menopausal females also. It comprises of well differentiated derivatives of 3 germ layers, namely ectoderm, mesoderm, endoderm.

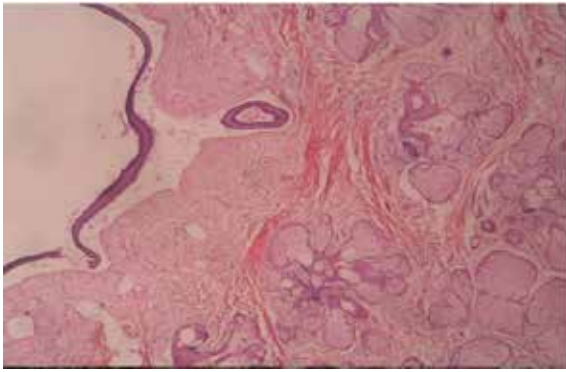


Figure:3 Mature cystic teratoma. H and E stained section showing pilosebaceous unit. (400X).

Although any of the constituent tissues of teratoma has the potential to undergo malignant transformation, squamous cell carcinoma is the most commonly associated cancer. Rarely, other tumors (0.2–1.4%) can arise in a mature cystic teratoma like adenocarcinoma, basal cell carcinoma, adenosquamous carcinoma, thyroid carcinoma, sebaceous carcinoma, malignant melanoma, sarcoma, carcinoid tumor, and neuro-ectodermal tumour^[4].

The mechanism of the malignant transformation arising in ovarian mature cystic teratoma is not clear, but considering the fact that 80% of mature cystic teratomas are diagnosed during the reproductive age, in case of older age malignant transformation seems to be related to the long-term presence of unremoved mature cystic teratoma in the abdomen.^[6]

Hence early detection and complete surgical resection are important for long-term survival. Adequate sampling is essential in these ovarian tumors to establish their teratomatous origin and avoid an erroneous diagnosis.

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