



Twisted Benign Cystic Teratoma of Ovary Presenting With Acute Pain Abdomen in A Young Adolescent Girl

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ABSTRACT

Introduction: Cystic ovarian teratomas comprise 20% of all ovarian neoplasms and are commonly encountered in patients between 20 and 40 years of age. Although these cysts are asymptomatic, we present a case of a young adolescent girl whose cyst resulted in acute pain abdomen and vomiting.

CASE PRESENTATION: A 13 year old Indian adolescent girl presented with acute pain lower abdomen and vomiting of one day duration. She had no history of allergies and was not on medications. The physical examination of the patient was found to have tenderness over the right iliac fossa, no muscle guarding or rigidity; mass felt in sub umbilical region, tender and mobile. Computed tomography showed that the cyst, which contained sebaceous content, mucinous area, hair and pultaceous material, originated from the right ovary. After emergency laprotomy and excision of the twisted ovarian cyst, her symptoms resolved completely.

Conclusions : An unusual case of Torsion of a ovarian teratoma presenting with acute pain abdomen was resolved after surgical removal of the cyst.

KEYWORDS :

INTRODUCTION:

Cystic teratomas are congenital tumors that contain derivatives from all three germ layers. They are thought to arise from pluripotential embryonal cells and usually occur in the ovaries, testes, retroperitoneum and sacrococcygeal region[1,2]. The cystic teratoma or dermoid cyst is common, usually benign ovarian neoplasm that can exhibit a wide range of appearances in sonography. The cysts are usually asymptomatic and are identified incidentally during either physical or radiological examination of abdomen. These comprise 20% of all ovarian neoplasms and are encountered in the second or third decade of life. Here we present an unusual case of twisted cystic teratoma in an young adolescent girl presenting with acute pain abdomen and vomiting.

CASE PRESENTATION:

A 13 year old Indian young adolescent girl, previously well, presented with pain lower abdomen and vomiting of one day duration. The patient had similar episodes of irregular pain before 2 weeks and was treated for tenderness in the right iliac fossa. The patient attained menarche one year back and cycles were irregular in nature. Abdominal examination revealed tenderness over the right iliac fossa, no muscle guarding or rigidity; mass felt in sub umbilical region, tender and mobile. The bladder was not distended. Hematological investigations revealed a normal blood count.

Gynecological opinion was sought and clinical findings were confirmed. CT abdomen showed a large well defined, thick walled heterogeneous mass lesion measuring 14.2*10.1*9.4 cm(CC*AP*CS)with fluid (11HU), fat (-117HU) and calcific densities (600 HU)within, noted to the right side of the abdomen, inferior to the liver. the mass is seen displacing the bowel loops to the left side. minimal free fluid in the pelvis. Right ovary was not seen separately - IMPRESSION : FEATURES OF TERATOMA ? ARISING FROM RIGHT OVARY WITH MINIMAL FLUID IN THE PELVIS (S/O RUPTURE)

Hence planned for emergency laparotomy. the peritoneal cavity filled with hemorrhagic and toxic fluid. The right ovarian mass was congested, hemorrhagic and necrosed at the top and the mass was twisted at the pedicle. The clamp applied, close to the mass near the pedicle. The twist untwisted and excised. Left ovary examined and found to be normal. The appendix examined found to be long, thick, congested. Hence appendectomy procedure was done.

Gross finding of the specimen revealed it was single, encapsulated, grey and black soft mass measuring 12.5*9.5*8cm. Cross section shows cyst of 8cm diameter with solid areas of mucinous areas, hair and pultaceous material. Histopathological examination showed benign cystic teratoma of Right ovary. Histopathological examination of

the appendix showed acute appendicitis.



CONCLUSION:

An unusual case of young adolescent girl with torsion of ovarian teratoma presenting with acute abdominal pain and resolved after surgical excision of cyst. The cyst found to contain mucinous areas, hair and pultaceous material.

CONSENT:

An informed consent was obtained from the patient for the publication.

REFERENCES :

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DISCUSSION:

The young adolescent patient presented as acute pain due to the torsion of the cyst wall in the longer pedicle. The acute pain abdomen arising due to torsion of cyst wall. In addition to sebaceous content we encountered mucinous area, hair and pultaceous material . They arise from the totipotential germ cells in the teratoma which is known to comprise one or more germ cell layer.