



## Mature Cystic Teratoma Of The Ovary Associated With Contralateral Mucinous Cystadenoma: a Case Report

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### ABSTRACT

*Mature Cystic Teratomas of the ovary are often found in association with Ovarian Cystadenoma especially of the mucinous type, but this association has been found to be confined mostly to one ovary. We report a Mature Cystic Teratoma of one ovary with a Mucinous Cystadenoma of the other ovary in a 35 year old female. There was no evidence of a Mature Cystic Teratoma in the ovary which showed the presence of Mucinous Cystadenoma.*

**Keywords : Mature Cystic Teratoma, Mucinous Cystadenoma**

### Introduction

Mature cystic teratomas of the ovary are among the common benign neoplasms of the ovary derived from germ cells which are commonly seen occurring in young patients mostly in the reproductive years (1). The histology of these tumors reveals tissues originating from the ectoderm, mesoderm and endoderm. Mucinous tumors are multiloculated cysts lined by epithelium resembling that of the endocervix. These tumors can grow up to a large size and are usually unilateral and only 5% are bilateral.

The association of mature cystic teratoma with a mucinous cystadenoma is not uncommon. But the relationship between the pathogenesis of the two lesions has not yet been answered. We report a Mature Cystic Teratoma of one ovary associated with Mucinous Cystadenoma of the other ovary.

### Case Report

A 35 year old female presented to us with dull aching pain in lower abdomen and lump felt in lower abdomen since 3 months. She also had menorrhagia with history of passage of clots in the last menstrual cycle. She had three live issues with all pregnancies being uneventful. On physical examination of the patient uterus was bulky and two distinct masses were felt in adnexa bilaterally; left one being of size 7 by 5 cm approximately and the right one being 4 by 5 cm approximate size. A sonogram revealed bilateral bulky ovaries with multiple follicles of 7 by 9 cm filled in both the ovaries. A well defined mass of 95 by 63 mm with homogenous echotexture with few echogenic shadows was present suggestive of large dermoid in left adnexa.

(The patient had negative cytological findings on a cervical smear. Her serum CA-125 level was 29.3 units/ml (reference range 0-35 units/ml). After proper preparation patient underwent an exploratory laparotomy with removal of a large dermoid cyst of size 10 by 6 cm from the left ovary and a firm mucin filled mass of size 5 by 4 cm from the right ovary. Ovarian tissue was preserved on both sides. Post operative period was uneventful and patient was discharged from the hospital.



Fig.1. Picture showing hair and caseous material removed from dermoid cyst of the left ovary. Left sided preserved ovarian tissue is visible along with uterus and the mucinous cystadenoma on the right side.



Fig.2. Picture showing translucent mucin filled multiloculated cyst of right ovary.

**Discussion**

Ovarian Mucinous Cystadenomas have a controversial histogenesis. Different theories have been proposed suggesting origin from metaplasia of surface epithelium or a teratomatous origin. The surface metaplasia theory has been supported by ultrastructure studies(2) and by mucin histochemical studies(3). The teratoma theory is based on the frequent observation of co-existence of mature cystic teratoma and mucinous cystadenoma and on the evidence that mucinous cystadenoma can be lined by intestinal epithelium, sometimes with intestinal specific structures like Goblet cells, Paneth

cells and endocrine cells and sometimes with complete colonic wall(4) which may be due to endodermal growth of teratomas.

In the present case mucinous cystadenoma of one ovary was associated with a Mature Cystic Teratoma of the other ovary. Though the occurrence of the above mentioned tumors in the same ovary is not uncommon(5), their presence in two different ovaries as a solitary entity has not been reported so commonly.

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