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A RARE CASE OF SQUAMOUS CELL CARCINOMA ARISING IN A DERMOID CYST IN A PHYSICALLY AND SOCIALLY CHALLENGED WOMAN.

Gynaecology

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ABSTRACT

Dermoid cysts or mature cystic teratomas are mostly benign, and account for about 30-45% of all ovarian neoplasms [1]. Malignant transformation is seen in about 0.17-1.4% [2]. Squamous cell carcinoma is the most common type of malignant change. Due to lack of typical clinical features and non specific tumour markers in addition to no classical radiological picture they are difficult to diagnose pre operatively. Stage III or IV disease have a poor prognosis and have a poor five year survival.

Here, we are presenting a case of squamous cell carcinoma arising in a dermoid cyst of the ovary in a 40 year old woman with previously operated dermoid , who presented with a large tubo-ovarian mass, for which she was operated and histopathology confirmed squamous cell carcinoma arising from the dermoid.

KEYWORDS

dermoid, carcinoma, squamous cell .

INTRODUCTION:

Dermoid cysts or mature cystic teratomas account for about 30-45% of all ovarian neoplasms and around 60% of all benign tumors arising in the ovary [1]. The incidence of malignant transformation is 0.17-1.4% [2]. The malignant change is seen mostly in post menopausal women, of which squamous cell carcinoma is the most common type.[3] Due to lack of typical clinical features and non specific tumour markers in addition to no classical radiological picture they are difficult to diagnose pre operatively.[4] Stage III or IV disease have a poor prognosis and have a poor five year survival.

Here, we are presenting a case of squamous cell carcinoma arising in a dermoid cyst of the ovary in a 40 year old woman with previously operated dermoid , who presented with a large tubo-ovarian mass, for which she was operated and histopathology confirmed squamous cell carcinoma arising from the dermoid.

CASE REPORT:

A 40 years old unmarried, congenitally blind, deaf and mute woman, came with complaints of abdominal pain acute in onset, continuous in nature since 12 days, not relieved on medications. Ultrasound of the abdomen and pelvis report was suggestive of a large heterogeneous pelvic lesion suggestive of tubo-ovarian mass causing bilateral hydronephrosis and displacing the uterus

This patient had similar complaints in the past in early 2014 for which a diagnostic laparoscopy was done, and AKT started post operatively for 6 months on suspicion of Koch's abdomen. In October 2014 she underwent Laparotomy under spinal anesthesia for acute abdomen. No operation detail available but histopathology was suggestive of dermoid cyst pelvic region.

On examination we found a mass of around 20 weeks in size, hard in consistency, non-mobile, flanks slightly full and admitted her for workup. Her hemoglobin was 5 g/dl, Serum creatinine 1.9 and CA 125 was 19.7, other tumor markers like CEA , HCG, LDH, AFP were normal.

CT Scan Abdomen and Pelvis (Plain) showed large multiloculated collections seen arising within the pelvis and extending to the supraumbilical abdomen involving the entire width of the abdomen. These are seen encasing the uterus occupying most of the pelvis with mass effect on the pelvic bowel loops Abnormal heterogeneous soft tissue mass lesion measuring 6.8x7.4x6.9 cm is seen in the left hemi pelvis posterior to the uterus. She was taken up for exploratory laparotomy**.** Intraoperative findings showed a large 20x15x10 cm size firm mass adherent to right lateral and posterior wall of the uterus probably arising from the right ovary extending below up to pouch of Douglas .Bowel adhesions to the mass present. Uterus bulky, cheesy material came from the ruptured mass. 2 kidney trays full of the yellowish pultaceous material were removed from multiple loculi. Total abdominal hysterectomy with bilateral salphingo-oophorectomy with excision of ovarian mass was done under general anaesthesia .Post-operative course was uneventful. Histopathology report was suggestive of Squamous cell carcinoma arising in dermoid cyst.

The patient was then referred to a higher centre for further management , but due to lack of support from care givers, the patient did not take further treatment and came back to our hospital with recurrence . A repeat MRI scan showed presence of new masses in the abdomen.

This patient eventually took discharge against medical advice and went home.

DISCUSSION:

Squamous cell carcinoma of dermoid of the ovary is quite rare and preoperative diagnosis is difficult although MRI may be helpful. Other rare pathologies in MCT are adenocarcinoma and melanoma. It carries a very poor prognosis especially when diagnosed in advanced stage. Optimal cytoreduction is difficult to achieve in advanced disease.

A systematic review and analysis of published data was done by Hackethal *et al*.[4]showed that squamous cell carcinoma in MCT was mainly found in women above 50 years of age, having a high concentration of CA 125 and large ovarian tumors more than 10 cm in size. Complete resection with advanced disease followed by adjuvant chemotherapy was seen to be associated with higher survival. Radiotherapy was not helpful.

A case series that was published in European Oncology and Hematology, 2013[5] found that best treatment response was seen in a woman who had partial response to chemo-radiotherapy (survival 19 months). Concurrent chemo-radiation could be considered for disease confined to pelvis. However, median survival in their series was only 12.5 months.

Sporadic case reports have been published by Indian authors on this subject.[6,7]

Santwani *et al* [8] have reported squamous cell carcinoma in dermoid cyst at younger ages i.e 40 years, similar to that seen in our case.

One should have a strong index of suspicion in such large tumours to help in appropriate management of such cases.

The social issue in such physically challenged patients is a very important aspect in management and long term survival.

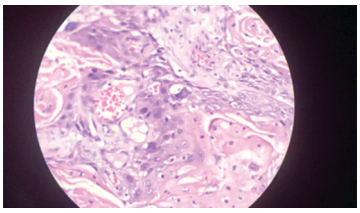

Figure 1: Microscopic picture suggestive of squamous cell carcinoma arising from the dermoid

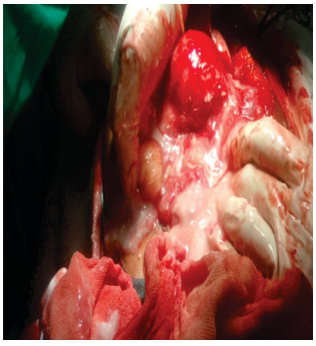

Figure 2: Cheesy Material Within The Cyst

REFERENCES:

1. Kong CS, Longacre TA, Hendrickson MR. Vol. 38. Philadelphia: Lippincott, Williams & Wilkins; 2012. Gynaecologic Oncology; pp. 176–78.
2. Ayhan A, Bukulmez O, Genc C, Karamursel BS, Ayhan A. Mature cystic teratomas of the ovary: Case series from one institution over 34 years. Eur J Obstet Gynecol Reprod Biol. 2000;88:153– 7. [PubMed]
3. Hackethal A, Brueggmann D, Bohlmann MK, Franke FE, Tinneberg HR, Münstedt K. Squamous cell carcinoma in mature cystic teratoma of the ovary: Systematic review and analysis of published data. Lancet Oncol. 2008;9:1173–80. [PubMed]
4. Hurwitz JL, Fenton A, McCluggage WG, McKenna S. Squamous cell carcinoma arising in a dermoid cyst of the ovary: A case series. BJOG. 2007;114:1283–7. [PubMed]
5. Powell JR, Haldar K. Squamous cell carcinoma arising in a mature cystic teratoma of ovary: A case series and review of literature. Eur Oncol Hematol. 2013;9:17–20.
6. Mardi K, Sharma S. Squamous cell carcinoma arising in an ovarian mature cystic teratoma. Clin Cancer Investig J. 2014;3:96–8.
7. Madan M, Bhagat R, Agarwal AP, Sharma S. Squamous cell carcinoma arising in mature cystic teratoma: A rare case. Indian J Cancer. 2010;47:346–7. [PubMed]
8. Santwani PM, Trivedi DP, Vachhani JH, Trivedi NJ. Coexistence of squamous cell carcinoma with dermoid cyst of ovary. Indian J Pathol Microbiol. 2008;51:81–2. [PubMed]