



CASE REPORT ON MATURE CYSTIC TERATOMA OF OVARY WITH RUDIMENTARY UTERUS

Surgery

Dr. Jineshwar Nyamgoud	3 rd year Junior Resident Of Department Of Surgery, Dr. D Y Patil Medical College, Hospital And Research Institute, Kolhapur.
Dr. Sheetal Murchite	Head of Department of Surgery, Dr. D Y Patil Medical College, Hospital and Research Institute, Kolhapur.
Dr. Suraj Dige*	Assistant Professor, Department of Surgery, Dr. D Y Patil Medical College, Hospital and Research Institute, Kolhapur. *Corresponding Author

ABSTRACT

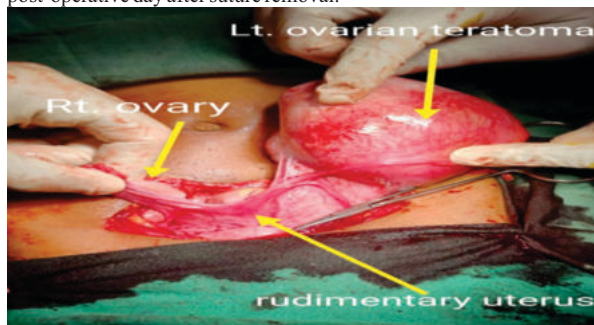
Mature ovarian cystic teratoma of ovary with rudimentary uterus is a rare clinical condition. It is congenital malformation of female genital tract during embryonic development. Ovarian tumors are commonly seen in reproductive age group. This condition might be present with wide variety of presentation and symptoms along with associated conditions. Here we describe a young patient with acute presentation. Mature cystic teratoma is benign tumor that can lead to malignant transformation in 1 to 3 % of cases. **Introduction-** It is rare anomaly and due to wide variation of the presentation this clinical condition remains an interesting point of study regarding diagnosis and management. Evolution of rudimentary uterine horn in young patient is very less reported among the published literature. Mature cystic teratoma is benign tumor commonly called as dermoid cyst. It is most common ovarian germ cell tumor. 80% of cases present in reproductive periods especially in women under 40 years of age, Malignant transformation occurs in 1-3 % of cases. 80% of histopathological type of malignant transformation is squamous cell carcinoma.

KEYWORDS

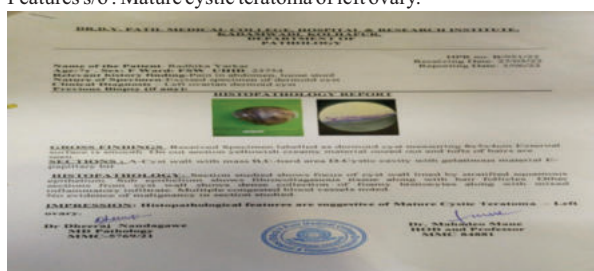
Teratoma, ovary, uterus, cystic, women

CASE REPORT:

A 7 years old girl came to opd with complaint of pain in abdomen since 5 days and vomiting since 1 day. Pain was continuous and aggravated on walking and non- projectile vomiting contained food particles. Patient was vitally stable with no any comorbidities, no previous surgical history, immunization up to date. Secondary sexual characteristics were not well developed. On examination, abdomen was soft with tenderness in left iliac fossa. Well defined smooth mobile lump palpable over left pelvic region. All her routine blood and urine test were normal. CECT Scan suggestive of hypodense lesion measuring 6×6 cm. in left hemipelvis. Uterus was not clearly delineated in CT scan. Patient was taken for operation. On opening the abdomen there was a left ovarian cyst of size 8 × 5 × 4 c.m. with smooth surface. Right ovary was normal and uterus was rudimentary. Complete cyst with ovary was excised and sent for histopathological reporting. Patient tolerated the procedure well and discharge on 8th post-operative day after suture removal.



HPR suggestive of cyst wall lined by stratified squamous epithelium sub epithelium shows fibrocollagenous tissue along with hair follicles. Other section from cyst wall shows dense collection of foamy histiocytes with inflammatory infiltrates no evidence of malignancy. Features s/o: Mature cystic teratoma of left ovary.



DISCUSSION:

Mature cystic teratoma of ovary with rudimentary uterus is rare clinical condition resulting from congenital malformation of female genital tract during embryonic development. Mature cystic teratoma commonly called dermoid cyst, most commonly occurs in women 2nd and 3rd decade. Case of 20 months old infant girl has been reported. Infant had voiding difficulty and burning micturition CT scan revealed retrovesical mass which compressed the bladder. On operation they found that tumour originated from right ovary. The oldest patient reported to have dermoid cyst in 89 year's old that was adenosquamous carcinoma arising in dermoid cyst.

CONCLUSION:

Mature cystic teratoma is generally seen in reproductive age group, rare case seen in pre-puberty age group. Malignant transformation is seen in only 1% in patients with Mature cystic teratoma. Rudimentary uterus is rare congenital malformation of uterus associated with Mature cystic teratoma. Early diagnosis and treatment of Mature cystic teratoma will help to prevent malignant transformation.

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REFERENCES:

- Hillard PJ. Benign disease of female reproductive tract. In: Berek JS, editor. Berek and Novak's Gynaecology. 15th ed. Wolter's Kluwer, United Kingdom: Lippincott William & Wilkins; 2012. p. 398.
- Wu RT, Tornig PL, Chang DY, Chen CK, Chen RJ, Lin MC, *et al*. Mature cystic teratoma of the ovary: A clinic pathologic study of 283 cases. Zhonghua Yi Xue Za Zhi (Taipei) 1996;58:269-74.
- Matsumoto M, Watanabe T, Uekado Y, Ohkawa T. A case of urinary retention due to ovarian dermoid cyst in a female infant. Hinyokika Kyo 1993;39:85-7.
- Irie J, Kawai K, Kumagai K, Tsuchiyama H, Asano M. Adenosquamous carcinoma arising in a dermoid cyst (Benign cystic teratoma) of the ovary – A case report. Gan No Rinsho 1984;30:1840-4.
- Takano K, nakanishi M, takeuchi A. Case of mature cystic teratoma of ovary with completely developed Intestinal wall structures kanto. J Obstet Gynecol 2015;52:31-35.
- T, Atik E, Silfeler DB, Toprak S: Mature cystic teratomas in our series with review of literature and retrospective analysis. Arch Gynecol Obstet. 2012, 285:1099-1101.