Case Report

UNUSUAL PRESENTATION OF BENIGN CYSTIC TERATOMA

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ABSTRACT

Benign Cystic Teratoma (Dermoid cyst) is the most common Germ cell tumor, they rarely grow larger than 15cm in diameter and usually occur in young women with peak incidence between the ages of 20 and 40 years .We report a case of an unusually massive benign cystic teratoma measuring 86cm by 70cm and weighing 21kg, removed from a 58 year old six years post menopausal Para five woman who had been carrying the cyst over a period of twenty years. She had total abdominal hysterectomy and bilateral salpingo-oophorectomy and was discharged on the eighth post operative day.

KEY WORDS: Massive dermoid cyst, Postmenopausal woman.

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INTRODUCTION

Germ cell tumors of the ovary form a group of neoplasm's comprised of many individual and mixed entities. Approximately 25-30% of all ovarian tumors are of Germ cell origin and of these, 95% are benign and only 3-4% are malignant.[1] Benign cystic teratomas (Dermoid cyst) account for 10-20% of all ovarian neoplasms.[2] They are encountered predominantly in women in their second and third decades of life and they rarely grow larger than 15cm.[2]

We report a case of an unusually massive benign cystic teratoma of the ovary, measuring 86cm by 70cm with a total weight of 21kg, (solid components weighing 12kg and cystic fluid 9litres) in a 58year old Para five lady who was six years post menopausal. She had carried this tumor for about twenty years.

CASE REPORT

Mrs. M. C. was a 58 year old Para five lady who presented to the Gynecology Clinic with a Twenty year history of an Abdominal mass

which was increasing progressively in size. She had five spontaneous vaginal deliveries at home which were uneventful. She was six years post menopausal. She had tried unsuccessfully to obtain treatment through unorthodox medical practitioners for over 18 years and did not bother to seek proper medical attention because she could not afford it. A distant relative who was a medical practitioner undertook to pay her hospital bills.

The medical history and review of systems was unremarkable. Physical examination revealed a huge abdomino-pelvic mass with an abdominal girth of 120cm. An abdominal ultrasound demonstrated a huge cystic mass containing solid portions arising from the right ovary. Routine laboratory investigations done at admission were normal.

At exploratory laparotomy, a huge cyst occupying the entire abdomino-pelvic cavity with a smooth glistering surface was identified arising from the right ovary and attached by flimsy adhesions to the anterior aspect of the parietal peritoneum. The cyst had displaced bowel loops superiorly. The uterus, fallopian tubes and left ovary were normal. A total abdominal hysterectomy and bilateral salpingo-oophorectomy was done, commencing with oophorectomy of the massive right ovarian cyst and followed by total abdominal hysterectomy and salpingo-oophorectomy for the left ovary. The tumor was bisected post operatively and was found to be cystic and filled with yellow sebum mixed with hair. The uterus and both ovaries were sent for pathological examination. The post operative period was uneventful and she was discharged on the eighth post operative day.

The histopathology report confirmed a dermoid cyst which showed matured tissues derived from the germ layers and consisting mostly of skin and its appendages, muscle and intestinal tissue.

DISCUSSION

Benign cystic teratomas, often called Ovarian Dermoids, account for 97% of ovarian teratomas and 10 - 20% of ovarian neoplasm's. They are usually around 5 – 15cm in diameter, often heavy for their size and frequently on a long pedicle. These latter features account for a ready liability to torsion.[2] The cyst can occur at any age, but 90% occur in women of reproductive age.[2] Mrs. M. C. was 58 years old and six years post menopausal. The cyst was 86cm by 70cm and weighed 21kg, despite its size, weight and long period of occurrence; the cyst did not undergo torsion.

This patient spent over 18 years seeking help for her situation. She visited several unorthodox medical practitioners. This type of health seeking behaviour is not uncommon amongst rural dwellers like Mrs. M. C, who lives in a village over 150km from the state capital,

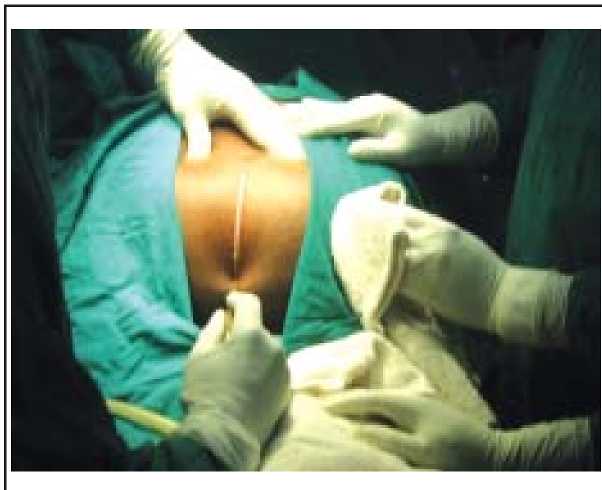

Figure-1

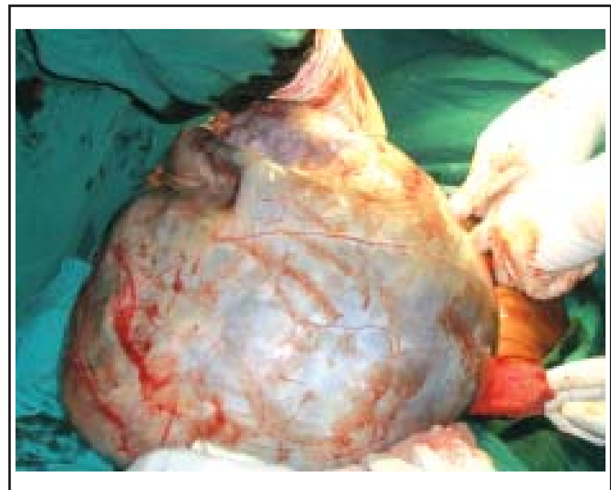

Figure-2

where she presented. Most people in the rural community have a poor perception of hospitals. Some of their impressions are justified as most hospitals (private and government) are run incompetently; and hospital fees even for preventive measures as antenatal care, are usually arbitrary and unrealistic. Patients spend long hours at clinics and health workers are viewed as patient unfriendly.[3]

The surgical management of Benign cystic teratoma should be directed according to age, desire for further fertility and presence of concomitant pelvic pathology rather than size or the bilaterality status.[4] Mrs. M .C. had completed her family and was post menopausal hence she had a total abdominal hysterectomy and bilateral salpingo-oophorectomy. She responded very well to the management and was discharged on the eighth post operative day. This case highlights the very uncommon features dermoid cysts can present with and also shows the resultant effect on individual health due to socio-economic difficulties.

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