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Case Report
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Giant (7 kilograms) Adherent Teratoma in a young girl: A Case Report with Review of Literature

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Abstract

The ovarian tumours including teratoma are entities that can still give you an operative challenge. this case is reported for its uniqueness, rarity, and surgical challenge.

Keywords: Benign teratoma; Dermoid cyst; Exploratory laparotomy

Introduction

Teratomas are germ cell tumors made up of multiple cell lines derived from one or more of the three germ layers. Teratomas range from benign, well-differentiated (mature) cystic lesions to those that are solid and malignant (immature). Additionally, teratomas may be monodermal and highly specialized. This article focuses on mature cystic teratomas, commonly referred to as dermoid cysts. This patient was operated at a remote place and after that she had a huge abdominal swelling and cachexic, multiple bosselated, hard in consistency.

Case Report

23 years old female, unmarried, nulligravida came with complaints of pain abdomen for 10 months associated with abdominal distension for 2 months. On examination: general condition fair, vitally stable, no pallor /oedema / icterus, cardiovascular / respiratory system – within normal limits. On Per abdomen examination a large multicystic mass, extending from xiphisternum to pubic symphysis 30x 30 x 30 cm, arising from right side. Per speculum / per vaginal examination not done due to unmarried status.

Investigations – Hb- 11.6 gms %, wbc – 9000. platelets – 262000.

Tumor markers- Beta hcg - 3.23, ca125 - 116.3, alfa fetoprotein – 19316, LDH – 473.

25/4/2018- Ultrasonography Abdomen + Pelvis- suggestive of large abdominal pelvic solid cystic mass lesion of 14x 10 x 9.7 cm containing calcification? teratoma. 26/12/2018 – Computed Tomography – suggestive of uterus and bladder compressed by the lesion, bladder shows severe compression with? rectum and sigmoid colon compression, ureteric compression, resulting in mild bilateral hydroureteronephrosis, mild omental haziness, mild ascites (Figures 1-4). 18/2/2019 - patient underwent exploratory laparotomy with massive cystic tumor excision with right salphingoophorectomy with pelvic lymph node dissection with omentectomy with appendectomy. Histopathology suggestive of mature solid teratoma. Patient withstood the procedure well. She was discharged and sent for chemotherapy.

Discussion

The teratoma is a germ cell tumor that can be benign or malignant. It is usually derived from one or more germ cell lines. The tissues of a teratoma, although the tissues are histologically, it may be quite different from the surrounding tissues. The teratomas usually contain hair, teeth, bone and, very rarely, more complex organs or processes such as eyes, hands, feet, or other limbs [1]. They can present as pelvic masses if huge in size or as pelvic discomfort. The ovarian masses can be delineated as benign or malignant on ultrasonography. The mature cystic teratomas may have varied appearances, characterized by echogenic

sebaceous material and calcification. On computed tomography (CT), fat attenuation within a cyst is often diagnostic. On magnetic resonance (MR) imaging, the sebaceous component can be detected with fat-saturation techniques. The US appearances of immature teratoma are nonspecific, although the tumors are typically heterogeneous, partially solid lesions, usually with scattered calcifications [2]. The most common ovarian benign tumor is mature teratoma. The malignant variant is immature teratoma, the incidence of Mature cystic teratomas accounting for 10-20% of all ovarian neoplasms. They median age of presentation of tumor is at 30 years [2] and are also the most common ovarian neoplasm in patients younger than 20 years. They complications include torsion, rupture or infection.

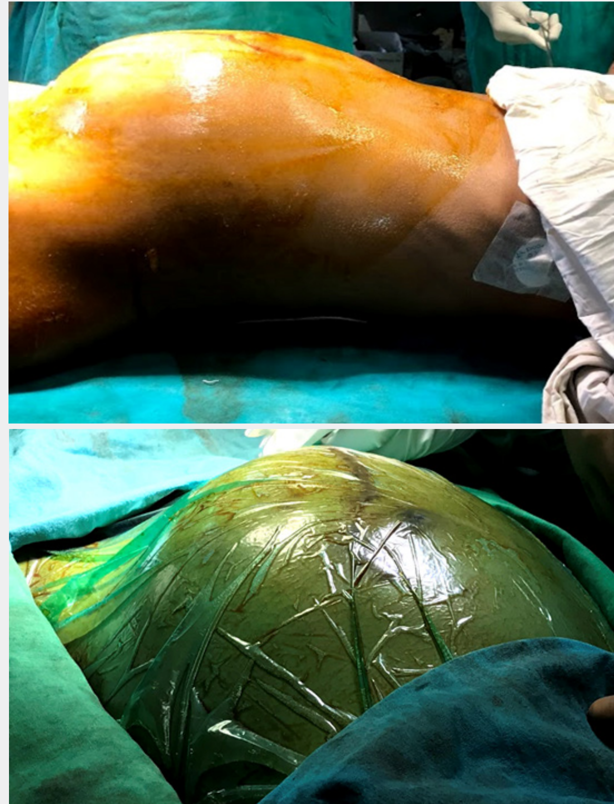

Figure 1: Pre-operative picture of huge abdominal mass.

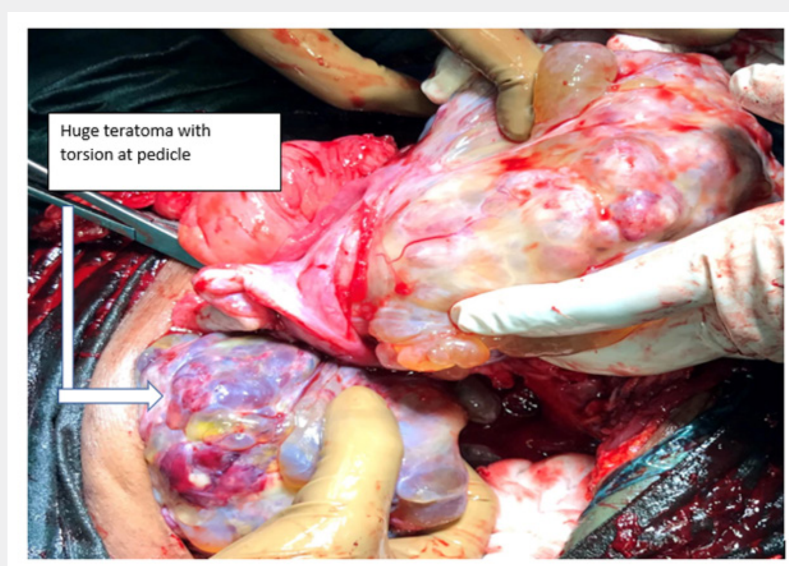

Figure 2: Intra operative image demonstrating Huge teratoma with torsion at pedicle.

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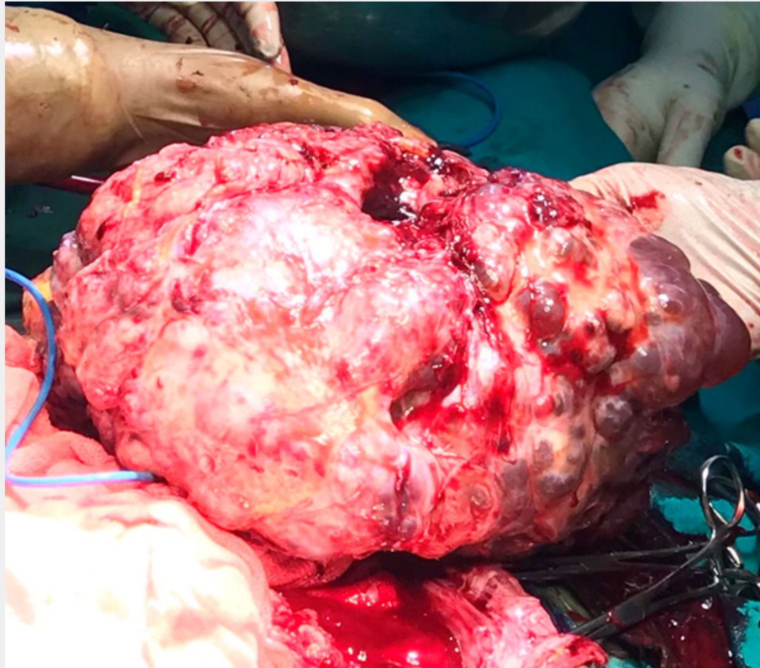

Figure 3: intra operative huge abdominal mass extending between the xiphisternum to pubic symphysis , approx. 30 cm x 30 cm x 30 centimeters.

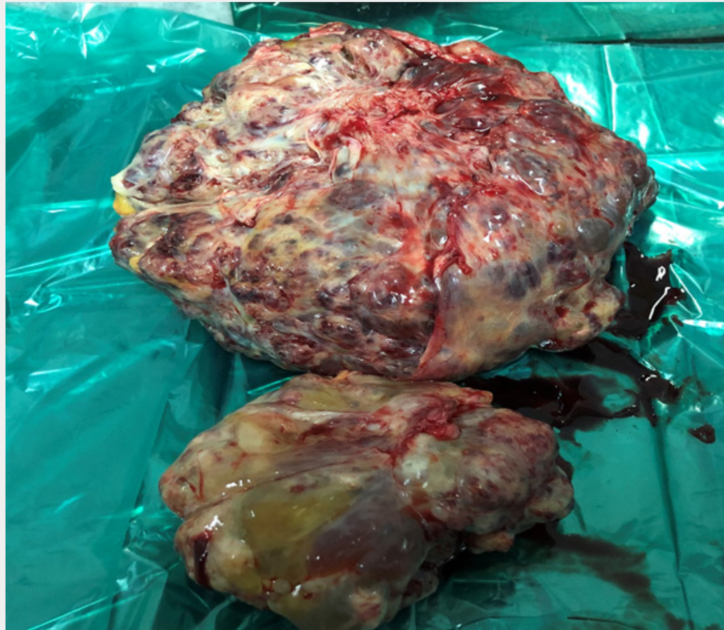

Figure 4: Post-Operative picture demonstrating cut section of 7-kilogram teratoma.

Torsion of ovarian cyst usually presents with acute symptoms and necessitates emergency surgical intervention or can typically be diagnosed on Doppler by an experienced sonologist [3]. The ovarian tumors usually present with complaints that are insidious in onset that is a major diagnostic challenge. Ovarian tumors are comprised with among malignancies with shorter symptom-to-visit interval [4].

The most common tissue element of teratomas is skin, so large amounts of hair and sebum may be encountered, leading to a challenging clean up problem in surgical pathology following dissection of these tumors. If these tumors are typically solid, then

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they are frequently "immature" teratomas with less differentiated tissue. Also, even though these cases are commonly seen in age group of 20- 30 years old women, still it should be considered as differential diagnosis in post-menopausal women as well [5]. When malignancy is suspected, ovarian tumor markers such as cancer antigen 125, α1-fetoprotein, human chorionic gonadotropins α and β, carcinoembryonic antigen, inhibin, lactate dehydrogenase, estradiol, and testosterone can help to conclude a diagnosis. Huge Ovarian mass is an unusual discovery in a female adolescent. In adolescents with ovarian masses, physiologic ovarian cysts are most encountered, while ovarian neoplasms are relatively infrequent [6].

Conclusion

The ovarian teratoma, be it benign or malignant, have been diagnosed and treated, but what was more challenging in this patient that this was a diffused tumour, with restricted mobility and was extending into the retro - peritoneum and it was an adherent mass to the pelvic side walls. A meticulous dissection was done near the great iliac vessels and ureters, requiring a great surgical expertise to prevent the complications and morbidities.

Conflict of Interest

None.

Funding

None.

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