# A PARASITIC OVARIAN DERMOID CYST

## (A Case Report)

by

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*Introduction*

The parasitic uterine fibroids are not unknown in gynaecology. However, a parasitic ovarian tumour is rare. This is an interesting case. because the lump the patient had felt for many years, was found to be a parasitic ovarian dermoid cyst embedded in the mesocolon.

**Case Report**

Mrs. J. R., aged 45 was admitted to the hospital with a history of polymenorrhagia and leucorrhoea of 6 months duration. She also complained of a lump felt in the right lumbar region for the last 15 years. The lump had not grown over the years, but had become painful during the last 3 months.

She had 5 full term normal deliveries, and her last delivery was 18 years ago. Her previous menstrual cycles were regular. Present menstrual cycles were $\frac{5\text{-}6 \text{ days heavy.}}{15\text{-}18 \text{ days}}$

Her general and systemic examinations were normal. The abdominal examination revealed a well defined oval swelling 3″ x 3″ in the right lumbar region. It was slightly mobile, and could be moved downwards for about 2 inches, and was slightly tender. The cervix was hypertrophied with signs of chronic cervicitis. The uterus was anteverted, firm and just bulky. There was no pelvic mass.

**Investigations**

Her haemoglobin was 10 gm%; urine was clear. X-ray chest and ECG were normal. Blood urea was 20 mg% and blood sugar was 105 mg%. Plain X-ray abdomen revealed a soft tissue shadow, 3″ x 3″ in the right lumbar region, and it showed the presence of a tooth. The diagnosis of a dermoid cyst was thus made. Intravenous pyelogram showed both normal kidneys. The soft tissue shadow with a tooth in it was seen just beneath the right kidney (Fig. 1). The ureters were normal Premenstrual curettage showed an early secretory endometrium.

At laparotomy under general anaesthesia, the uterus was just bulky. The left ovary was slightly cystic. On the right side, the fallopian tube was intact, but the ovary was missing. It appeared as if the meso-ovarium had been snapped off. Further exploration in the right lumbar region revealed a cyst, 3½″ x 3″, completely embedded in the mesocolon at the junction of ascending and transverse colon. The cyst was carefully dissected off the mesocolon, clamping the blood vessels as they were encountered and the cyst was removed. The vascularity of the large bowel was not disturbed during the dissection, therefore nothing further was done except closing the gap in the mesocolon with inturrupted catgut sutures.

Total hysterectomy, left salpingo-oophorectomy, and right salpingectomy was performed in the usual manner. Her postoperative recovery was satisfactory.

Histopathological report—a dermoid cyst 3½″ x 3″ shows the presence of hair and tooth. This cyst does not show malignancy. The uterus shows no evidence of malignancy. The cervix shows chronic cervicitis. Ovary show no malignancy.

*Discussion*

Preoperative radiological diagnosis of a dermoid cyst is possible in a considerable proportion of cases. Zakin (1976)

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studied the X-ray findings in 83 patients with ovarian dermoid cyst, and found the presence of a tooth, bone, non-specific calcification, translucent-shadow and mural calcification as positive findings present singly or in various combinations. In his study, the definite diagnosis was made in 64 per cent of cases, a suggestive diagnosis in 16 per cent, a total of 80 per cent. Sloan (1963), Cusmano (1956) and Burfield (1955) in their individual study, quote the radiological diagnostic accuracy in 70-75 per cent.

The extra-ovarian dermoid cyst is known to arise in the lumbar and retroperitoneal regions. However, this tumour had certainly originated from the right ovary as seen at laparatomy. It is known that 12-13 per cent of dermoid cysts undergo torsion because of their long pedicle and the size of the tumour. When the torsion is complete, the patient comes with acute abdominal pain. Rarely, when the torsion is intermittent, and incomplete, venous congestion induces inflammatory process in the cyst wall, leading to adhesions to the neighbouring viscera, which provide fresh blood supply. The dermoid cyst then becomes, parasitic on these viscera, as the original pedicle gets gradually severed. If the tumour is adherent to the mobile structure like omentum or mesocolon, it gets gradually drifted away from the pelvis.

It is fortunate that removal of this dermoid cyst did not disturb the vascularity of the colon itself, otherwise resection of a portion of a bowel would have been a major surgical procedure.

The dermoid cyst grows slowly over the years and similarly, malignancy rate is as low as 1-1.7 per cent. Despite the fact this tumour had been retained for nearly 15 years, the histopathology did not reveal malignancy.

*Summary*

1. An interesting case of a parasitic dermoid cyst is described.

2. Preoperative X-ray is helpful in diagnosing this tumour in about three fourth of cases.

3. The mechanism by which this tumour can become parasitic is explained.

*Acknowledgement*

I thank Prof. B. G. Kotwani, Dr. Mazumdar, Medical Superintendent, Irwin Hospital, and Dr. S. K. Lal, Dean, Maulana Azad Medical College, for their kind permission to publish this case.

BIBLIOGRAPHY

1. Burfield, G. A. and Knep, F. H.: British J. Radiology, 28: 199, 1955.
2. Cusmano, J. V.: Radiology, 66: 719, 1956.
3. Sloan, R. D.: Radiology, 81: 847, 1963.
4. Zakin, D.: Obstet. and Gynec. Survey, 31: 165, 1976.

*See Fig. on Art Paper XV*