

# RETROPERITONEAL CYSTIC TERRATOMA SIMULATING OVARIAN CYST

(A Case Report)

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## Introduction

Many a times nature of abdominal tumours cannot be diagnosed pre-operatively. Thus surgical interference is done by keeping the differential diagnosis in mind. Ovarian cyst having long pedicle may be situated high up in the abdomen. Omental and mesenteric cysts can simulate ovarian cyst and are mostly diagnosed at operation. Retroperitoneal cysts and tumours are generally fixed or have restricted mobility. A case of retroperitoneal cystic teratoma is being reported here due to its rarity and unusual presentation.

## CASE REPORT

Mrs. P.D. aged 30 years presented on 22nd November 1980 with the complaints of lump in the abdomen for the last 6 years. She had no menstrual irregularity trouble, bowel irregularity or pain in the abdomen. She was para 3 + 0, with all living children.

The lump was noticed for the first time after the last delivery. The lump was growing slowly without any symptoms. The general condition was good, the B.P. was 126/80 mm of Hg and pulse was 80/minute. The C.V.S. and

respiratory systems were normal. On abdominal examination there was a firm lump size of cricket ball situated in the right hypochondrium, mobile from side to side.

The liver and spleen were not enlarged. Vaginal examination did not reveal any abnormality. A provisional diagnosis of ovarian tumour was made and she was prepared for surgery.

The haemogram and urinalysis were quite normal. The total Leucocytes were 8,300/cu mm. On opening the abdomen there was a white glistening firm lump situated in the right hypochondrium. It was mobile from side to side only. The uterus and ovaries were normal in size and were separate from the lump. Delivery of the lump was difficult due to adhesions to the surrounding structures. The adhesions were gently separated with proper haemostasis. There was marked vascularity at the base of the lump. The ascending colon was accidentally opened while separating the adherent loop. The colon was repaired. After thorough haemostasis and identifying the surrounding structures cystectomy was done. The raw area at the base was peritonised. Other abdominal structures were normal. She received 2 pints of fresh blood during operation and postoperatively. Suck and drip regimen was carried till the 4th postoperative day. The post-operative period was quite smooth except for wound infection at one point which healed in course of time.

The cyst was spherical measuring 30 cms in circumference and the thickness of the wall was 1.5 cms (vide figure) on cut section it was unilocular filled with thick sebaceous material. The histological report was teratoma.

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See Fig. on Art Paper III