

"PREGNANCY WITH BENIGN SOLID TERATOMA OF THE OVARY"

(A CASE REPORT)

by

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Although all varieties of tumour may occur during pregnancy, the most common are cystic. Benign solid teratoma are much rarer than cystic teratoma of the ovary. Peterson has reported 4 cases and reviewed the literature.

CASE REPORT

Mrs I—a 20 year old 3rd gravida came on 17-12-1980, with 8 months amenorrhoea, dull aching pain in the lower abdomen and oedema of the feet.

On general examination, she was averagely built. There was no pallor. Cardiovascular and respiratory systems were normal.

Abdominal examination showed that the fundal height was of 34 weeks gestation, vertex V_1 presentation and fetal heart sounds were normal 132 beats per minute. A mass was palpated in the left iliac fossa which was firm in consistency separate from the uterus and extending upto the left para umbilical region.

On vaginal examination, the cervix was found to be high in the pelvis and a mass of firm consistency was felt between rectum and vagina. She was diagnosed as pregnancy with an ovarian mass.

Ultrasonogram with a B-mode scan showed

that there was a fundal placenta, biparietal diameter was 8.4 centimetres. A solid mass, irregular in shape, with a few small cystic areas was found posterior and lateral to the uterus and occupying the whole true pelvis and extending into the lower abdomen. Movements of the ultrasonogram probe triggered an episode of vomiting.

A repeat ultrasonogram on 5-1-1981 showed that the biparietal diameter was 9.0 centimetres. The patient had another severe bout of vomiting on movement of the probe. A tentative diagnosis of ovarian cyst undergoing torsion was made and it was decided to do an exploratory laparotomy on 6-1-1981.

A lower segment caesarean section was done to deliver a male fetus, weighing 2.8 kilograms and Apgar score of 10. The left ovarian mass was infiltrating into the posterior leaf of the left broad ligament. Left ovariectomy was done. The right ovary appeared normal. Histopathology showed both ectodermal and mesenchymal elements. The placenta and umbilical cord were normal.

The patient was followed up for 6 months and there was no evidence of recurrence.

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