

MALIGNANT CHANGE IN BENIGN CYSTIC TERATOMA OF OVARY

(A Case Report)

by

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Malignant transformation in benign cystic teratoma of ovary is a rare occurrence. The commonest malignant evolution is a squamous cell carcinoma (Peterson, 1957). Curling *et al* (1979) mention this as the commonest germ cell malignancy in women. The rarity of such malignant change in such a very common type of ovarian neoplasm with few uncommon features prompted us to present this case.

CASE REPORT

Mrs. F.D. 29 years, Para 2 + 0, was admitted on 26-9-81 in the Eden Hospital (Obstetrics and Gynaecology Department) Medical College, Calcutta with history of pain and swelling of abdomen of 5 months' duration. Her history dates back to 1½ years following her last childbirth. Since then she was having vague lower abdominal pain off and on. During the last 5 months the intensity of the pain increased with appearance of a lump in the lower abdomen, both being progressive in character. Her menstrual, obstetrical, past and family histories revealed nothing significant.

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General Examination:

On examination the patient was of average built, well nourished, anaemic; neck glands not palpable; pulse—80/min; respiration—16/min; B.P.—110/78 mm of Hg. Heart, lungs and breasts—nil abnormal, Liver and Spleen, not palpable.

Abdominal Examination:

Intra-abdominal lump was occupying hypogastric, left iliac and umbilical regions of abdomen. Size, 12.5 cm x 10 cm, irregular margins with slight side to side mobility, variegated feel and slightly tender on palpation. There was no ascites or any associated epigastric lump.

Pelvic Examination:

On vaginal examination a mass partly cystic and partly solid was palpated through left, anterior and posterior fornices. Uterus was normal size, anteverted, pushed slightly to the right and felt separate from the mass.

At this stage a clinical diagnosis of ovarian tumour was made.

Management: On 29-9-81 i.e. 3 days after she was admitted laparotomy was done. Abdomen was entered by subumbilical right paramedian incision. There was a left sided ovarian tumour having variegated feel and adherent with the urinary bladder. A small amount of straw coloured ascitic fluid was present in the peritoneal cavity. Omentum, peritoneal surface, subphrenic area, uterus, tubes and other ovary and broad ligament were found normal. Para-aortic glands were not enlarged. The mass was

first separated from the bladder by dissection and total hysterectomy with bilateral salpingo-oophorectomy and partial omentectomy was undertaken. In the post-operative period she made an uneventful recovery with primary union of the abdominal wound.

The removed tumour was cut open which showed features of benign cystic teratoma containing sebaceous material and hair tufts. Histological examination from the tumour mass revealed well differentiated squamous cell carcinoma in a Dermoid Cyst (Fig. 1). She had courses of chemotherapy with haematological monitoring using cyclophosphamide and 5-Fluorouracil by intravenous route. She was discharged on 1-11-81 with the advice to attend followup clinic. She was readmitted on 21-11-81 for appearance of an abdominal lump and pain in abdomen. On admission, routine investigations failed to reveal any distant metastasis. Chemotherapy was started initially with Cyclophosphamide and 5-Fluorouracil and subsequently Methotrexate and Mitomycin were used. But within very short time the abdominal mass ra-

pidly increased and she developed acute retention of urine (Fig. 2). She had total 1000 mgm each of Cyclophosphamide and 5-Fluorouracil; Methotrexate-total 100 mgm and Mitomycin C—total 20 mgm. But inspite of Chemotherapy and other supportive treatment her general condition rapidly deteriorated and the abdominal mass spontaneously burst with discharge of thick creamy material and on the next day i.e. on 8-1-82 in the morning she suddenly expired.

Acknowledgement

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References

1. Curling, O. M., Potsides, P. N. and Hudson, C. N.: Brit. J. Obstet. Gynaec. 86: 3, 99, 1979.
2. Peterson, W. F.: Obstet. Gynec. Surv. 12: 793, 1957.

See Fig. on Art Paper I