

A Rare case of ovarian teratoma with mucinous cystadenocarcinoma

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Malignant transformation of a benign cystic teratoma (dermoid cyst) of ovary is rare (1.8%). The most common malignancy is squamous cell carcinoma, which represents about 75% of malignant transformation followed by adenocarcinoma in 6.8%.

We report a rare case of malignant transformation of cystic teratoma into mucinous cystadenocarcinoma along a contralateral cystic teratoma. Prognosis in such a case is extremely poor. However, this patient was followed upto 1 year, after 6 cycles of chemotherapy (cisplatin and cyclophosphamide) and was doing well.

A 42 year old female presented to Gynae OPD of UCMS & GTB Hospital, Delhi, with the complaint of progressive distention of abdomen associated with dull pain for the last 9-10 months. Her menstrual cycles were regular with normal flow. General physical examination was unremarkable. Per abdomen examination revealed a freely mobile cystic mass, 12x12cm in left iliac fossa with ill defined margins, lower limit of mass could not be reached. Per speculum examination showed that cervix and vagina were normal. On per vaginal examination, the uterus was normal in size, firm and mobile. The mass felt per abdomen was tipped from anterior and left fornix. Right fornix appeared normal. No tenderness could be elicited. Routine investigations were within normal limits. Ultrasound revealed normal uterus and a large multiseptate mass with a few echogenic areas on left side. Right ovary seen separately from mass and was enlarged. No free fluid was documented in the abdominal cavity or pouch of Douglas.

With the provisional diagnosis of ovarian neoplasm, the patient was taken up for exploratory laparotomy after complete preoperative work up. Intra-operative findings revealed that the abdominal cavity was filled with approximately 1000 cc of mucinous gel like material which was

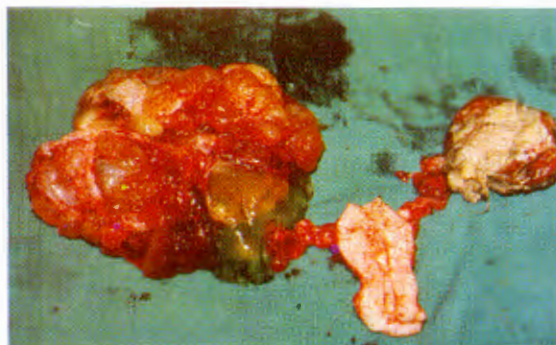


Fig 1. Mucinous Cystadenocarcinoma on Left Side with Dermoid on Right Side

sent for cytology and drained out after washing the cavity with DNS. The uterus was normal in size, shape, position and texture. The left ovary had a 15 x 15 cm multilocular cyst filled with mucinous gel like material with a small rent in the capsule with otherwise smooth surface. There were no solid areas. No areas of haemorrhage or necrosis could be seen. The right ovary had a cystic mass with smooth surface measuring 6x6cm which on cut section was suggestive of a dermoid cyst. Liver surface was normal, paraaortic and pelvic lymph node were not palpable and both paracolic gutters were free.

A total abdominal hysterectomy with bilateral salpingo-oophorectomy with infra colic omentectomy was done. (Fig. 1) Post operative period was uneventful.

Histopathology report revealed ovarian teratoma (hair follicles, squamous lining and thyroid tissue) with mucinous cystadenocarcinoma of left side and ovarian mature teratoma with paratubal cyst on the right side with pseudomyxoma peritonii-omentum. Histopathology of uterus was normal with secretory endometrium with chronic cervicitis. Both tubes were unremarkable. Patient received 6 cycles of chemotherapy (cisplatin and cyclophosphamide) and at the end of one year there was no clinical radiological or serological evidence of the disease.