J. of Obst. & Gyn. of India Vol. 51, No. 3: May/June 2001 Pg 184-185

Benign Cystic Teratoma of the fallopian Tube - Case Report

Indira Athappan

Dept of Obstetrics & Gynaecology, Meenakshi Mission Hospital & Research Centre, Lake Area, Madurai-625107

Mrs. R, 35 yrs old, nulliparous married for 6 months presented with 42 days amenorrhoea and spotting for 5 days. Her previous cycles were regular.

On examination

Pt was normotensive, not anaemic.

Per abdomen examination

Abdomen was soft, no tenderness, no mass palpable, Per vaginal examination, Uterus anteverted, bulky, freely mobile, left fornix appears full, fornices not tender, and cervical movements not tender.

Investigations

Haemoglobin: 14.5gm%, Urine pregnancy test: positive, Serum beta HCG: 142MIU/ML, USG: No intrauterine gestational sac, left adnexal mass present (Photograph I), Doppler study: No increased blood flow around the mass.

Diagnostic laproscopy and D&C done:

Left fallopian tube was enlarged by a mass of 3cms* 3cms at the ampullary region. No adhesion. Uterus, ovaries, rt. fallopian tube were normal looking. Due to the solid nature of the mass left salphingectomy done. The tumour consists of sebaceous material and hair. D&C done.

HPE report:

Endometrial curettings: Ariastella reaction. (Photograph II)

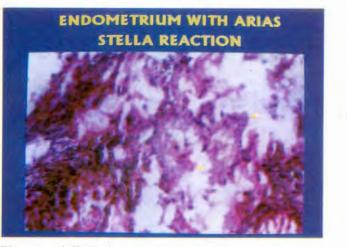
Fallopian tube: Dermoid cyst with decidual changes on the Tubal wall. (Photograph III, IV & V)

Serum beta HCG slowly declined to non-pregnant level 14 days after the surgery.

This case is presented here for its rarity and the occurrence of ectopic pregnancy with dermoid cyst of fallopian tube, which is also a rare entity.

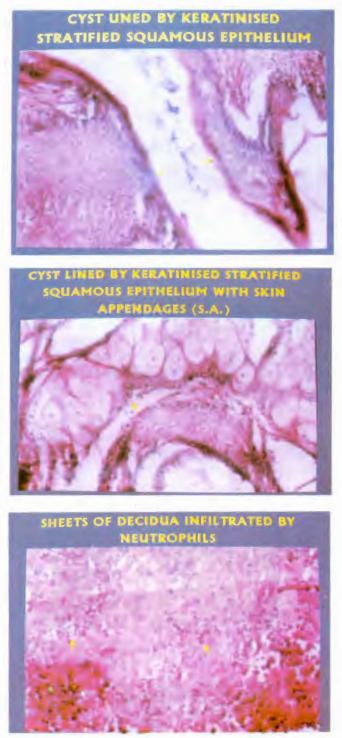


Photograph I: Pre-operative Pelvic Ultra Sonogram UT-Uterus with no G.S BLA : Bladder F – Right ovary with follicle Lt. Adx – Adnexal mass with hyperechoic area GE – Doppler show no neovasulrisation



Photograph II : Endometrial curettings- Ariastella reaction

184



Photograph III to V : Dermoid cyst with decidual changes on the Tubal wall