

A Case of Struma Ovarii

Abha Sarkar, Kumkum Pahari, B.M. Rakshit, D. Banerjee

Department of Obstetrics & Gynaecology, I.P.G.M.E & R. and S.S.K.M. Hospital, 244, Acharjye J.C. Bose Road, Calcutta-700 020.

Struma Ovarii is a highly specific Monodermal cystic teratoma of the ovary predominantly consisting of thyroid tissue. It is of rare occurrence and of all the cystic teratomas of the ovary, its incidence is as low as 1.4%. The thyroid tissue of this tumour is not usually very active to produce hyperthyroidism but it may undergo malignant carcinomatous change in 5 to 10% cases.

Here we shall report briefly a case of bilateral multiloculated ovarian cyst diagnosed as a case of struma ovarii.

Smt R.C. a 42 year H, F, P₁₄₀; LCB – 13 years ago was admitted to SSKMHospital on 26.10.98 with the complaint of pain and heaviness of right lower abdomen for 3 to 4 yrs. and gradually increasing heaviness in lower abdomen for the last 3 months. Her menstrual history was regular with duration of 6 to 7 days. Flow was average. During her last menstrual period on 13.10.98, she also complained of moderate dysmenorrhoea. For the last 8 yrs, she was on OCP and stopped it for the last 2 months.

Clinical Examination

Thin built 45 kg. woman, nutrition-average, no gross anaemia, no neck swelling or palpable glands anywhere P/A – NAD.

P/V: - Ut.-mid position, normal size with bilateral cystic mass. Dimensions, Rt side [15cm x 12 cm x 12 cm] Lt. side mass [10cm x 10 cm x 8 cm.]

Routine Investigations

Urea 1.2mg%, PPBS-120mg%, Hb-11.8gm%, ECG-NAD, CXR-NAD, USG-Uterus normal size. Rt adnexal thick walled cystic SOL 67mm x 62mm and left adnexal SOL 69 x 67mm. Endometrial biopsy – Non secretory endometrium with benign endometrial polyp.

Laparotomy done on 29.10.98. Panhysterectomy was done for bilateral multilocular ovarian cyst. Uterus was very fragile. Post operative period was uneventful.

Macroscopic appearance after hemisection of one tumor Lt sided ovarian tumor which is a part of

multiloculated ovarian cyst (measuring 6 cm x 3 cm x 1.5 cm) where some of the locules are filled with colloid like material.

Microscopic Examination of Ovarian Tumor

On examination of multiple sections from different areas of the cyst, (Fig-1). "The wall of the cyst shows thyroid follicle of various sizes filled with colloid and lined with cuboidal flattened epithelium. Extensive areas of hyalinization and focal areas of calcification are present. There is no evidence of malignancy". Impression-Struma Ovarii.

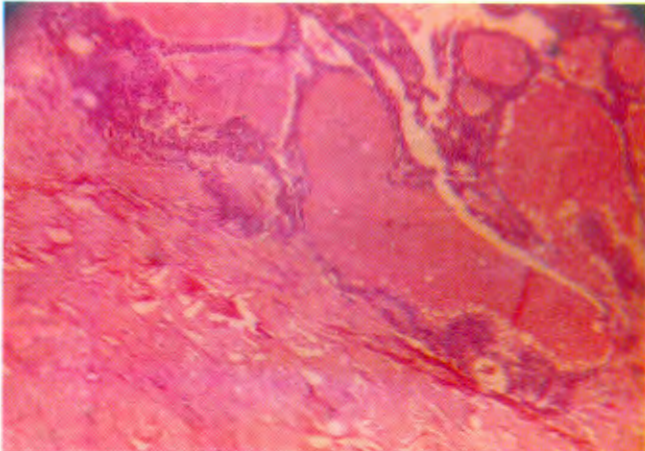


Fig 1: Microphotograph shows thyroid follicles containing colloid material with epithelial lining and stroma of ovarian tissue (HE x 40)

Further post operative investigation after this report showed T₃-0.65 ng/ml, T₄-6.8 mg/dl; TSH-1.8uiu/ml. Followed up on 11.11.98 USG of whole abdomen showed no pre-or para aortic lymph nodes or no free fluid.

On 28.12.98 – CT scan abdomen – NAD & clinical per vaginal examination also showed no abnormality. Patient was followed up regularly at 3 monthly intervals with USG and clinical examination and till date is doing well.