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CASE REPORT

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Benign teratoma of the fallopian tube

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Key words : benign teratoma, fallopin tube teratoma

Benign teratoma of the fallopian tube is very uncommon. To date only about 50 cases have been reported in the literature [1,2]. Most of them have been discovered incidentally and none has been diagnosed preoperatively. The pathogenesis of the teratoma is not clearly understood. It is believed that fallopian tube teratomas arise from cells that were migrating from the yolk sac to the primitive gonads, but failed to reach their destination. We report a benign teratoma of fallopian tube discovered at the time of laparotomy.

Case report

A 20 year old nullipara was admitted with lower abdominal pain of 6 months duration but more since 2 months. She felt the lump in the lower abdomen 2 months back. Her menstrual history was normal, and past and family history did not disclose anything significant. General physical examination revealed no abnormality. Abdominal examination showed an intraabdominal firm and nontender mobile mass of 20 weeks gestation size. Vaginal examination showed that the uterus was retroverted, normal in size, firm, mobile, and deviated to the left. Through the right fornix lower pole of the abdominal mass was felt free from uterus. Sonography showed a normal size uterus and a mass of 15 x 15 x 10 cm arising from the right adnexa. It was heterogenous in echotexture with few cystic areas. Right ovary could not be seen separately from the mass, left ovary was normal, and there was no free fluid in the pouch of Douglas.

The mass was thought to be an ovarian neoplasm. She underwent laparotomy. On opening the abdomen a large cauliflower like grayish white nodular lobulated tumor measuring 20x10x7 cm was seen arising from the firmbrial end of the right fallopian tube. Outer surface of the mass was smooth. The mass was freely mobile. Left tube, both ovaries, and the uterus were normal. Right sided salpingo-oophorectomy was done (Figure 1).

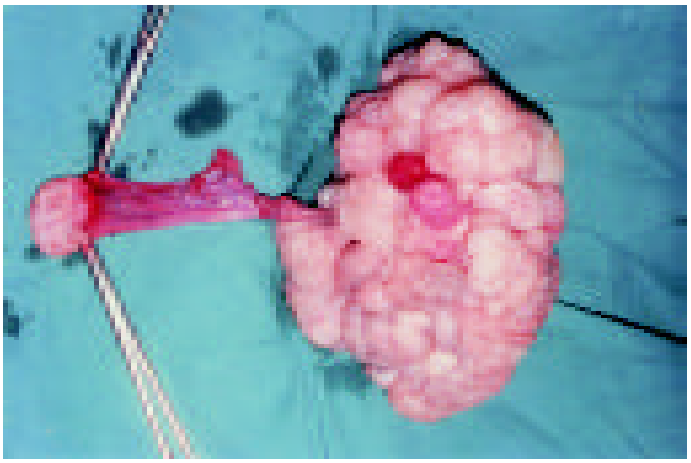

Figure 1 : Benign teratoma of the fallopram tube orosion from frombrial end

The cut surface of the mass was gelatinous, white, and variable in consistency. Microscopic examination showed that its outer side was covered by markedly edematous fibrocollagenous fatty tissue and was incorporating a few

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bundles of smooth muscle fibres (Figure 2). The peritoneal surface was lined by a single layer of flattened or cuboidal epithelial cells. The interior of the tumor presented a variegated morphology composed of solid masses of squamous cells, islands of proliferated well differentiated cartilaginous tissue, glandular structures lined by a single layer of mucous secreting columnar epithelium, cysts lined by keratinizing squamous epithelium, bundles of muscle fibres, foci of mature glial tissue, islands of mesenchymal cells, and fibrocollagenous tissue. These cellular elements were of differentiated type. The diagnosis was benign teratoma.

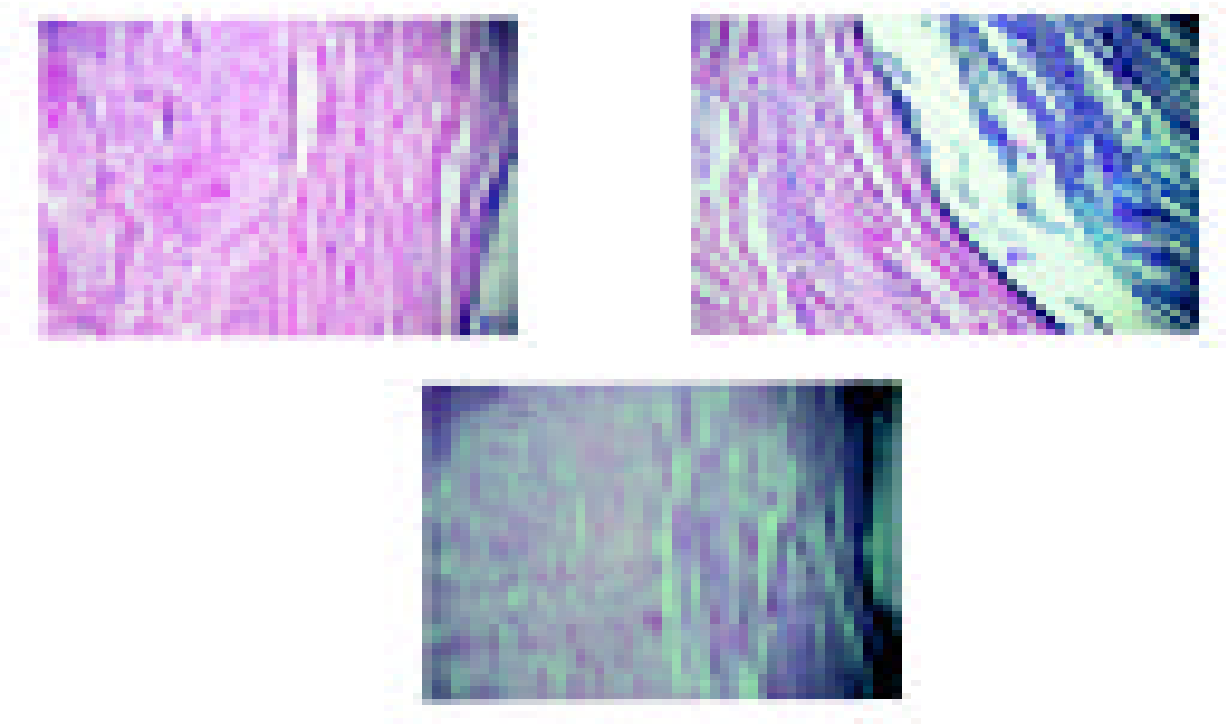

Figure 2 : Cellular structure in benign teratoma of fallopian tube (H & E)

Discussion

Benign teratomas of the ovary are common during the reproductive age. These tumors are rarely found in fallopian tubes. According to Walter [3] the first case of benign teratoma of fallopian tube was reported by Eden and Locker in 1965. Till 1998 only 50 cases have been reported in the literature, six of them in association with tubal ectopic pregnancies [1-5] .

The ages of reported patients ranged from 21 to 60 years and most patients with tubal teratomas were nulliparous [5]. Our patient was 20 years old and nulliparous. Most of the tubal teratomas are diagnosed incidentally and are commonly located in the ampulla or the isthmus [5]. In our case the teratoma was present at the ampulla and it was diagnosed at laparotomy.

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