

A benign teratoma of the ovary fistulating into the rectum

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Introduction

In Greek, teratoma means “monstrous tumour”. Teratomas account for 10 - 20 % of all ovarian neoplasms. More than 95% are benign (dermoid cysts) [1]. Less than 2% of cystic lesions contain malignant tissue, while more than 80% of solid teratomas are malignant [1].

Case report

A 39-year old mother of two children developed episodic left lower abdominal pain, alteration of bowel habit, haematochezia and occasional streaks of pus on stools of 6 months duration. She had regular 28 day menstrual cycles and had not used any contraceptives. There was no family history of ovarian, breast or colonic carcinoma. Clinical examination showed no abnormality in the abdomen. A sessile mass with a smooth surface was felt in the anterior rectal wall during digital rectal examination. Vaginal examination revealed a tender left adnexal mass. Flexible sigmoidoscopy showed a friable sessile lesion (about 2 cm in size) with a cluster of hair protruding through it. The biopsy showed inflammatory changes only.

A contrast enhanced CT of the abdomen showed a heterogeneous mass in the left pelvis, behind the bladder. It contained fat, bone and soft tissue densities. The wall was thick and irregular, and merged with the serosal surface of the rectum. The patient underwent resection of the left ovary, the ‘tumour’ and the involved section of the rectum (“anterior resection”) followed by a stapled rectal anastomosis. She had an uneventful recovery. Macroscopically the mass contained a cystic and solid tumour with a tuft of hair and two teeth (Figure 1). The histology of the resected specimen was consistent with a mature cystic teratoma containing stratified squamous epithelium, respiratory epithelium, pilosebaceous units, adipose tissue, cartilage and lymphoid tissue. There was no evidence of malignancy.

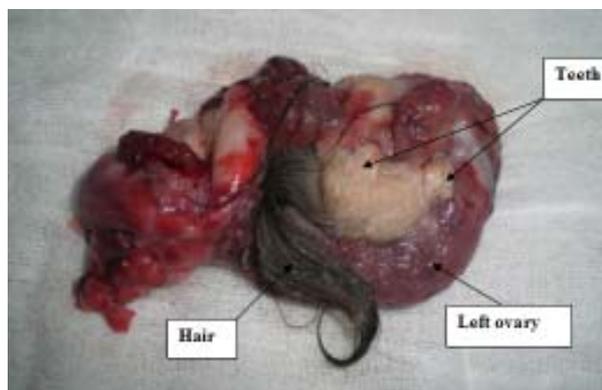


Figure 1. Excised teratoma, showing hair and teeth.

Discussion

Despite the high incidence of ovarian teratomas and the anatomical proximity to the rectum, there have been only a handful of documented cases of ovarian teratomas with rectal involvement, the first being reported in 1953 [1,2]. CT is the best imaging modality for the diagnosis of ovarian teratomas [4]. In our patient, according to the CT, the ‘tumour’ appeared to merge with the rectum. Since malignancy could not be excluded preoperatively, we carried out an en-bloc resection of the upper rectum.

References

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