RARE CASE REPORT ON IMMATURE OVARIAN TERATOMA
IN A PREGNANT WOMEN

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ABSTRACT

Malignant germ cell tumor of ovary is a rare condition. Immature Teratoma is uncommon tumor <1% of ovarian Teratoma. Immature Teratoma occurs most commonly in first two decades of life. Immature Teratoma represents 3% of all Teratoma, 1% of all ovarian cancer and 20% malignant ovarian germ cell tumor. Here we present a case of immature ovarian Teratoma of ovary in pregnant women who was 27 years old girl came with complaints bleeding per vaginum for a day. Her UPT was positive, P/A shows mass palpable of about 24 week size. On USG, CT ABDOMEN bilateral Adnexal mass lesion more on left than right (possibilities of dermoid cyst to be considered) with B/L hydroureteronephrosis, MTP done by medical method after that patient got discharged. Patient came with complaint of loss of appetite and loss of weight for past 1 month; she underwent Staging Laparotomy with TAH AND BSO and omentectomy done in view of ovarian neoplasm. HPE reported as immature ovarian Teratoma of left side (grade 2) and right ovary benign cystic Teratoma.

KEYWORDS: Immature Ovarian Teratoma, Benign Ovarian Teratoma, Pregnant Women

INTRODUCTION

Ovarian Teratoma is represented by mature, immature, Monodermal. Teratoma based on histological type of tumor, all of which it contains mature/ immature tissues of germ cells (pleuripotent origin). Mature Teratomas are classified as cystic, solid or monodermal. In mature Teratomas – most commonly mature Ectodermal elements like skin, hair, sweat and sebaceous glands are notified, whereas in Immature Teratomas –show only solid mass tissues (1). Immature Teratoma composed of mixture of embryonic and adult tissue derived from all the three germ layers, of which main component is neurogenic but mesodermal elements are also common. According to WHO it is defined as Teratoma which contains variable amount of immature embryonal type of neuroectodermal tissue (2). Mature Teratoma is usually benign tumors most often composed of derivatives of 2-3 germ cell layers. In contrast, Immature ovarian Teratoma are malignant ovarian Teratoma(3) It represents 3% of all Teratoma, 1% of all ovarian tumors and 20% of all malignant ovarian germ cell tumor(4).

It is defined as Tumor contains immature embryonic components, usually immature primitive neuroectodermal tissue. Immature elements represents the evolution of malignant clone and prognosis related to the amount of the component.(5) Immature Teratoma of ovary is always unilateral and tumors of children and adolescent that occurs essential during first two decades of life(6). Thirty percent of deaths are reported from this...
ovarian neoplasm in this age group [7]. Staging Laparotomy is the treatment of choice for management of dermoid cyst, thus conservative surgery - Salphingo-oophorectomy is done in majority cases (8). In case of immature Teratoma-staging laparotomy followed by salpingo oophorectomy along with chemotherapy is practiced (9).

CASE REPORT

27 years old female who had abortion married since 6 months. Case of bilateral Dermoid cyst which is identified during her abortion, 1 month back. Now patient came with complaints of loss of weight and loss of appetite for past 1 month. Her menstrual history was regular 3/30 days cycle. Marital history non consanguineous marriage, living with husband. Her obstetric history – she had spontaneous abortion after 3 months of amenorrhea, history of incomplete passage of products of conception. P/A examination done it showed mass of about 24 weeks size palpable. On USG whole abdomen showed incomplete abortion with bilateral ovarian mass. Medical method of termination of pregnancy done. After a month patient came with complaint of loss of weight and loss of appetite. P/A examination showed- firm mass palpable of 24 weeks size. On P/V examination – firm mass felt in the anterior fornix up to 24 weeks size, uterus not felt separately. Investigations were done in view of suspected malignancy like CA 125, B HCG, AFP levels were elevated. And USG WHOLE ABDOMEN—SHOWED KUB--both pelvic calyceal system appears dilated, UTERUS--- well defined hyper echoic lesion of 5.9* 3.7 cm seen in Right adnexa. Few cystic areas seen within the lesion. Large abdomino pelvic lesion with solid cystic component seen in the midline & superiorly extends into epigastric region. Lesion of 18*8.7*19.2 cm with few septa noted within the cystic component, solid component shows hetero hyper echoic echo texture. Both ovaries are not separately seen. No obvious ascites noted---- impression B/L Adnexal mass (left >right) as described above—likely ovarian origin—to R/O B/L Dermoid cyst. CT WHOLE ABDOMEN confirms the same. Staging laparotomy with salpingo-oophorectomy with partial omentectomy, cystoscopy with stenting done. Post operative period uneventful. Patient got discharge on POD 7. HPE reported as left ovary --- IMMATURE TERATOMA (GRADE 2), right ovary----- BENIGN CYSTIC TERATOMA. Patient advised for chemotherapy. Patient had undergone 2 cycles of chemotherapy.

CONCLUSIONS

Ovarian Teratomas are commonly diagnosed accidentally/ incidentally. Immature ovarian Teratoma is a rare condition in this age group and also in pregnant women. Hence staging laparotomy should be done in women for staging the disease, and appropriate chemotherapy, to prevent its recurrence. In this case report there are two different tumors showing similar origin with benign and malignant counter parts in opposite ovaries making it more challenging for
evaluation and management. This case reflects the importance of early diagnosis in case of pelvic masses in these women, which in turn helps in appropriate management causing least possible impact on life span and reproductive future in the young women.

Conflicts of Interest

THE AUTHORS declare that there is no conflict of interest

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REFERENCES
