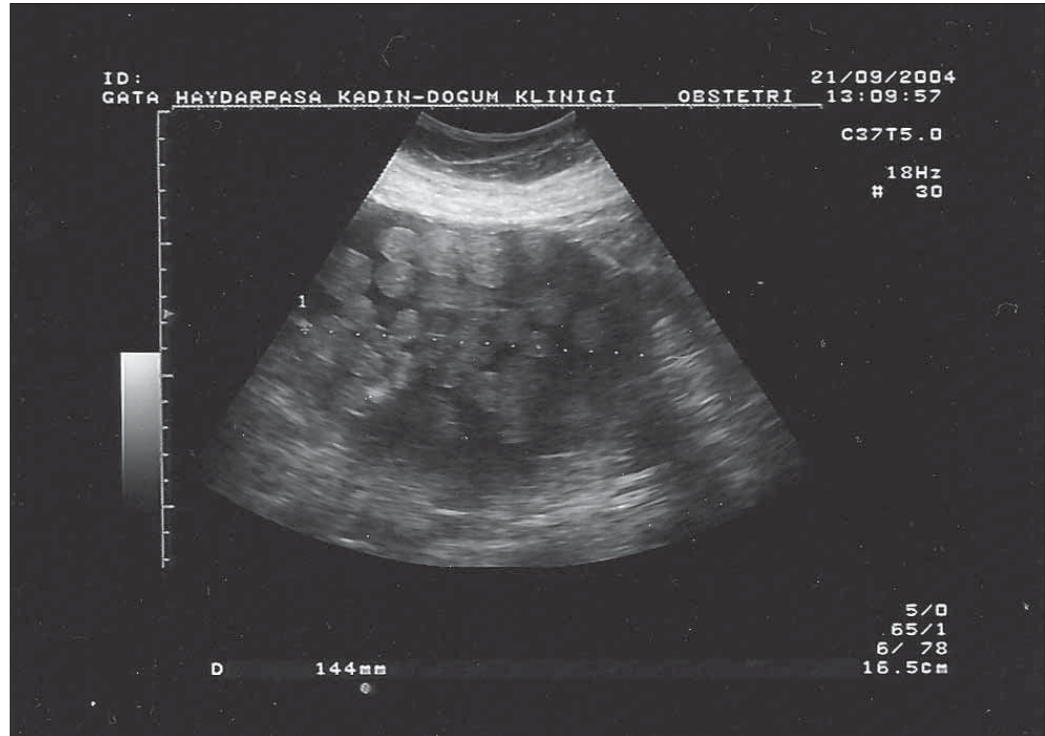


Quiz Case: A Right Adnexal Mass in a Postmenopausal Patient



Answer

Introduction

Dermoid cysts are true hamartomas occurring during 15-40 years of age and are usually asymptomatic. 10-15% are bilateral tumors. Their prevalence is not well-known. They are covered by a thick dermislike wall that consists of tissues ectoderm, endoderm, and/or mesoderm (1). Treatment for dermoid cyst is complete surgical removal and is usually easy to excise. The prognosis of the disease is usually very good, but malignant transformation may be seen as a rare complication. The aim of this study is to report a rare case of dermoid cyst of differential complex appearance.

Case

A 52 year old postmenopausal woman was referred to our unit to investigate and treat a right pelvic mass. The patient had no complaints. On transvaginal ultrasonographic a 6x5 cm complex mass in the right ovary was seen. There were abundant and small circular solid parts within the pelvic mass (Figure 1). The remainder of the abdominal contents were normal. There were no remarkable features in her medical and surgical histories. In addition to the routine laboratory findings, tumor markers such as CA125 and cervical cytology were performed in the preoperative period and these were normal. Total abdominal hysterectomy and bilateral salpingo-oophorectomy under general anesthesia were performed in order to remove the cysts. Pathologic diagnosis showed the presence of benign dermoid cysts.

Discussion

The most frequent germ cell tumor derived from the ovaries is the dermoid cyst and is mostly benign. Malignancy potential

is more common in patients over 40 years of age. Dermoid cysts are bilateral in 12-13% of cases and they are rarely symptomatic (1).

In the diagnosis of dermoid cyst ultrasound, magnetic resonance imaging (MRI) and computed tomography (CT), respectively can be used. Ultrasonography for diagnosis of ovarian malignancy has a sensitivity of 62 to 100% and a specificity of 77 to 95%. They have a characteristic ultrasound appearance (2). Although in the diagnosis of our case we used transvaginal ultrasound, we were not exactly sure of the diagnosis, because there were abundant and small circular solid parts within a 6x5 cm complex mass. If a complex cyst or solid mass is present on ultrasound, the patient should undergo definitive diagnosis with fine needle aspiration biopsy (FNAB), core needle biopsy, or excisional biopsy. In our case total abdominal hysterectomy and bilateral salpingo-oophorectomy under general anesthesia was performed.

In conclusion, dermoid cysts may be present with different ultrasonic appearances.

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