

## Ovarian Teratoma Simulating a Septate Follicular Cyst: A Case Report

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## 1. Abstract

Adnexal tumors can exist at any age. Most often they originate from the ovaries. We present a case of a 20-year-old female patient with a health history, who presented lower abdominal pain. She went to the Gynecology office where an increased volume of the left adnexal vaginal examination was found on ultrasound, a septate cystic image corresponding to the left ovary was seen, it was interpreted as a follicular cyst and it was indicated to evolve. At 6 months of evolution it worsened and it was decided to perform a diagnostic-operative laparoscopy where a partial oophorectomy of the left ovary was performed. The pathological study determined the presence of a mature cystic ovarian teratoma. The patient evolved satisfactorily after the intervention.

## 2. Introduction

Adnexal tumors can exist at any age. They most often originate from the ovaries [1].

The ovary is a dynamic organ in which folliculogenesis is constituted as a latent and constant process from fetal age to menopause. Ovarian lesions represent a wide range of pathologies, from functional cysts to highly aggressive tumors [2].

Within ovarian tumors, teratomas are the most frequent tumor

between 10 and 30 years of age and can be frequently found incidentally [2]. They are classified into mature tumors (cystic or solid) that are benign, generally the elements of the ectoderm predominate, which is why they are also called dermoid cysts, and immature tumors that are malignant in nature, when they contain immature and embryonic structures. Mature or benign teratomas represent 95% of teratomas [1, 3]. 75% appear during the reproductive age and 20% of the cases are bilateral [3].

The objective of this work is to present a case of mature ovarian teratoma that behaved ultrasound as a follicular cyst.

## 3. Case Report

A 20-year-old female patient with a medical history, who began with intermittent lower abdominal pain for 4 months, which was exacerbated in the ovulation period. She went to the Gynecology office where she was examined finding a uterus of normal size, shape and consistency, empty cul-de-sac, left adnexal increased in volume of approximately 6 cm, smooth, movable, painful on palpation, right adnexal without alterations.

A pelvic ultrasound was performed, finding a uterus of normal size and ecotexture, 6 mm endometrium, right adnexal without alterations, left adnexal with an ecollucent, rounded, thin-walled image, with the presence of a septum, measuring 59.10 millimeters

by 41 millimeters. free cul-de-sac (Figure 1). It is interpreted as a follicular cyst and it is decided to allow it to evolve with ultrasound follow-up.

The patient was followed up for six months without significant changes in symptoms or ultrasound. At the sixth month the pain intensifies and the ultrasound shows a slight increase in the size of the cystic image (Figure 2). Given the danger of torsion, it was decided to indicate diagnostic gynecological laparoscopy.



**Figure 1:** Left ovarian cyst



**Figure 2:** Left ovarian cyst. Evolutionary ultrasound

Laparoscopy is performed, finding: organs of the upper hemiabdomen with normal characteristics, uterus, tubes and right ovary with normal characteristics. Left ovary of plus or minus seven centimeters with cystic characteristics. A partial left oophorectomy was performed, evacuating the content of the dermoid-looking cyst (hair and fat), which was sent to the Pathological Anatomy service.

In the macroscopic aspect, a cyst measuring 4.5X4X0.4 cm was observed, previously open, of a dark brown color with mucous content inside and presence of hairs on the surface. Microscopic examination revealed ovarian tissue exhibiting mature / benign cystic teratoma (ovarian dermoid cyst) with residual ovarian tissue exhibiting primordial follicles.

Definitive diagnosis: mature cystic teratoma of the ovary.

The patient evolved favorably, without complications.

#### 4. Discussion

In the case presented, the presence of a cyst with content of hairs and sebaceous material could be verified, which coincides with what was found by other authors who refer that mature teratomas generally have elements of the 3 germ layers: ectoderm, mesoderm and endoderm. In this way, they can present differentiated tissues such as skin, hair, sebaceous glands, muscle, lung, and the urinary and gastrointestinal systems [1, 4].

In the macroscopic study carried out by the Pathological Anatomy service, the presence of a single cyst with content of hairs and sebaceous material was found, which does not fully coincide with what was reported by the authors who affirm that macroscopic mature teratoma is seen as a multicystic mass with hair, teeth and skin, mixed with thick, sticky and foul smelling sebaceous material [1, 4].

The case described presented pain in the pelvic region, which must be in relation to the size reached by the ovarian cyst, coinciding with what was described by the authors who affirm that in terms of symptoms, most women are asymptomatic and do present symptoms, are more related to the size reached by the dough [1].

Several authors acknowledge that ultrasound is essential to establish a specific diagnosis or predict the probability of benignity or malignancy of an ovarian lesion with the simple subjective assessment of its ultrasound characteristics [1, 2, 4]. In the case studied, the ultrasound characteristics, although they indicated the benign nature of the cyst, were not conclusive for the etiological diagnosis, since the content of the predominantly cystic tumor simulated a follicular cyst.

In the follow-up of the case, a worsening of the clinical picture was observed due to the increase in pain and the increase in the size of the cystic image, the patient being in danger of suffering the complication of ovarian torsion, this being one of the complications, as reported the authors, more common in these cases [1, 5]. For this reason, she was instructed to perform diagnostic gynecological laparoscopy and in this case also therapeutic, coinciding with what was reported by other authors, who affirm that whenever the suspicion of malignancy is low, the technique of choice is laparoscopy. Laparoscopy reduces postoperative pain, reduces the creation of adhesions, favors early discharge and produces a better cosmetic result [6, 7].

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