Case record

A surgical dilemma : Ruptured mature cystic teratoma in advanced pregnancy

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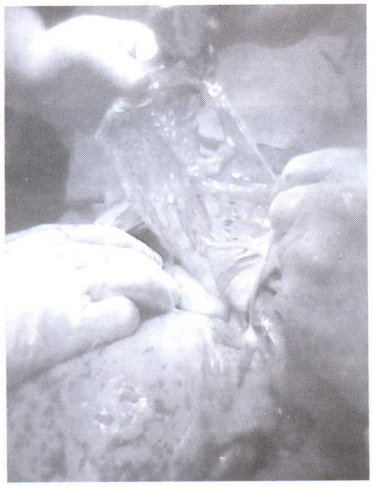
Case report

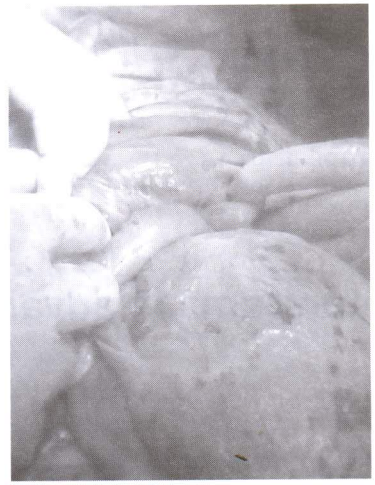
An elderly, primary subfertile woman was transferred from a peripheral hospital after being treated for acute abdominal pain radiating to back for ten days. She was on 37th week and her obstetric parameters were satisfactory. During elective caesarean section, we found mucinous substance in the peritoneal cavity with extensive omental damage and serosal stippling of the intestines and uterus [pictures]. Right side ovary was not identified. Further, there was hair and gelatinous material deposited in pouch of Douglas. LSCS was done without any complications and life baby was delivered. The peritoneal cavity was washed thoroughly and drain was inserted. Postoperative period was uneventful. A clinical suspicion of ruptured teratoma during surgery was confirmed by the histology report later as mature cystic teratoma.

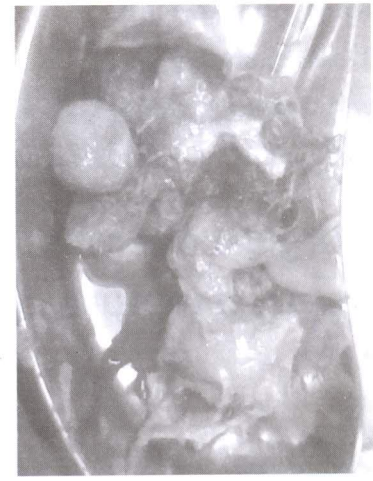
Discussion

In our case, the patient was seen by us at term and early scans did not reveal any adnexal mass. As she presented with acute abdominal pain mimicking acute pancreatis, she was treated in a peripheral surgical casualty initially. Because of a remote possibility of uterine rupture in her case, a clinical diagnosis of pancreatis was considered. During caesarean section, though initial macroscopic features mimicked pancreatis, presence of hair raised the possibility of a teratoma.

In the world literature, a few cases were reported similar to our case [1], where adnexal mass was detected in early gestation with ultrasound scan and preterm delivery was performed. Further, there are cases reported on ruptured ovarian malignant cysts during pregnancy [2]. To conclude, it is essential to perform a detailed ultrasound scan during pregnancy and the presence of adnexal mass need to be evaluated more.







References

1. *Comerci JT Jr, Licciardi F, Bergh PA, Gregori C, Breen JL:* ***Mature cystic teratoma: a clinicopathologic evaluation of 517 cases and review of the literature.*** *Obstet Gynecol 1994 ,* ***84:****22-28.*

2. *Peterson WF, Prevost EC, Edmunds FT, Hundley JM Jr, Morris FK:* ***Benign cystic teratomas of the ovary; a clinico-statistical study of 1,007 cases with a review of the literature.*** *Am J Obstet Gynecol 1955 ,* ***70:****368-382.*