



# MATURE OVARIAN TERATOMA ABOUT A CASE AT THE SOUISSI MATERNITY HOSPITAL IN RABAT

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## ABSTRACT

Mature teratomas of the ovary, known as dermoid cysts, are the most common ovarian tumors among women under 45 years of age. The average age of their identification is around 30 years; they are rarely diagnosed before puberty. They make up 5 to 25 percent of all ovarian tumors on average 20 percent.

Nonthreatening dermoid cysts account for 95 per cent of ovarian tumors of germinal origin.

The majority of dermoid cysts are asymptomatic. Sometimes, they manifest by discomfort, pelvic pain and compressive pain of the lower abdomen. The most frequent complication is cyst twisting, which often occurs on cysts up to 11 cm or more in size, and occurs through a combination of two factors: The heaviness of these cysts, and the lengthening of their pedicles due to their weight.

They are evoked in imaging in front of the presence of a cystic formation containing grease.

**Keywords:** ovarium , tumor , teratoma , dermoid cyst .

## 1. INTRODUCTION

Ovarian tumors are the most common germ cell tumors and are among the most commonly encountered ovarian tumors.

These tumors are made up of tissues of ectodermic origin (skin, nervous tissue), mesodermic (muscle, adipose tissue) or endodermal (digestive tract, Bronchus). They are differentiated by the nature and maturity of the tissues grouped within the tumor.

Mature cystic teratoma, commonly called the dermoid cyst, is the most frequent ovarian teratoma.

The diagnosis is usually referred to in ultrasound (echography) and confirmed by the scanner or MRI in presence of an ovarian mass containing grease [1].

We report a case of cystic ovarian teratoma in the Souissi maternity unit.

### Note:

It is about a 40-year-old patient with no previous track record G5P5E5, who has permanent left pelvic pain with gravity types associated with black metrorrhagia since 2 weeks with neither digestive nor urinary signs conserving the general condition.

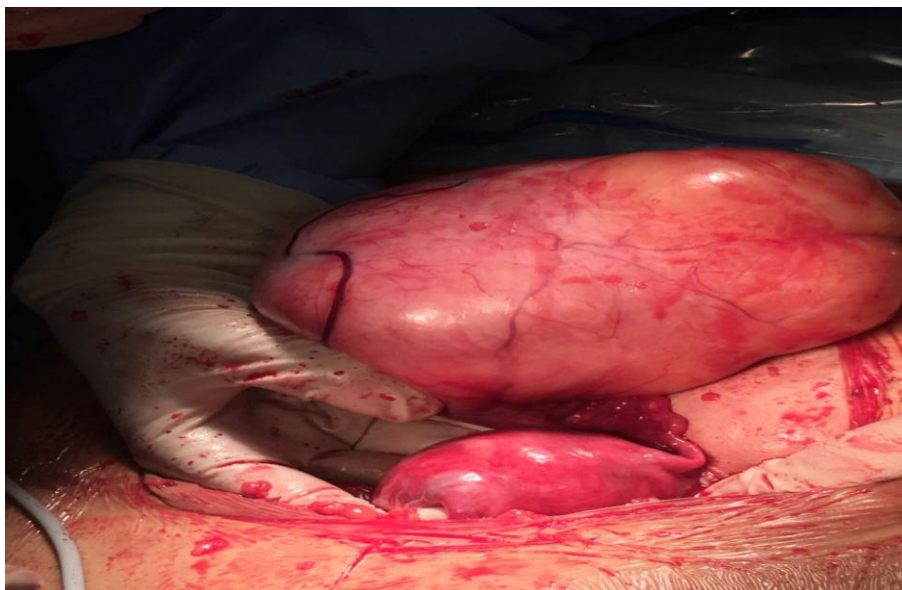
The clinical examination objectifies a sensitivity and a pelvic mass reaching the umbilicus , hard, mobile.



A biological assessment revealed a CA125 level of 73U and a HE4 of 46.8pmol with a ROMA index of 7%. An abdominopelvic tomodesitometry demonstrates a sus uterine mass with a triple component greasy, fleshy, and calcic measuring 138x82mm typical aspect of an ovarian teratoma, uterus without anomalies.

A laparotomy discovers a 13 cm left ovarian cyst taking the whole greasy ovary macroscopically, the right ovary and the uterus are normal.

The patient has benefited from a left ovariectomy and the diagnosis was confirmed by anatomopathology. The operation has few after-effects and the length of stay in the hospital was 5 days.



**Fig. 1: Ovarian mass of 13cm at the exploration taking the entire left ovary**



**Fig2: Appearance of the dermoid cyst after ovariectomy**



**Fig. 3: Presence of hair and grease in the cyst**

## 2. DISCUSSION:

Mature cystic teratomas or dermoid cysts represent 20% of adult ovarian tumors and 50% of ovarian tumors of the child, they concern young women (average age 30 years). Bilaterality is frequent (between 8% and 15%) [2].

The typical dermoid cyst is limited by a wall of ectodermic origin to which is appended at least one intracystic polyploid formation called Rokitansky protuberance grouping mature derivatives of two or three embryonic layers essentially of grease, calcifications or teeth, Pharynx, muscle or nervous tissue.

The liquid content of the cyst is usually made of sebum [3]. The discovery of these cystic masses is usually fortuitous by routine echocardiographic abdominal examination [4] or following palpation of an abdominopelvic mass and / or pelvic pain [5] as is the case with the patient Reported in this work.

These cysts can be complicated by twisting in 16% of cases, malignant degeneration in 2% of cases, rupture in 1.2 to 3.8% of cases or infection in 1% of cases [6.7]. Imaging plays a significant role in the positive diagnosis of these tumors. The aspect in the echography is variable:

The most characteristic aspect is that of a cyst with a more or less echogenic parietal nodule, attenuating the variable ultrasound beam called the nodule or protuberance of Rokitansky, or a cyst containing multiple linear echoes corresponding to the hair floating inside the cyst.

Beside these forms, the appearance may be that of a trivial cyst (serous content), or even of a cyst presenting a liquid level (deciduous serous liquid and supernatant sebum) [8]. The clinical characteristics of the cyst of our patient are relevant to the data of the literature, namely the presence of hair, calcifications, intra-cystic grease.

## 3. CONCLUSION

The dermoid cyst is one of the most common organic ovarian tumors of the ovary. In its classical form, it usually does not pose a diagnostic problem: cystic ovarian tumor with grease content encompassing teeth or calcifications grouped in a nodule. Rarely, the mature teratoma contains no grease and its diagnosis will be histological.

The discovery of a dermoid cyst in imaging must always generate search for a second homo or contro lateral tumor due to frequent associations.

## 4. REFERENCES

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