

CASE REPORT

A Huge Dermoid Cyst in Postmenopausal Women with Third Degree Uterine Prolapse

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ABSTRACT

Germ cell tumors are derived from primordial germ cells of the ovary. Approximately 25 to 30% of all ovarian tumors are of germ cell origin and of these, 95% are benign and only 3 to 4% are malignant. They are seen mostly in women in their second and third decades of life and very rarely in postmenopausal women.

There are many reported cases of ovarian tumor in postmenopausal women but a huge dermoid cyst in postmenopausal women causing prolapse uterus is very rare. Here, we are presenting a rare case of large dermoid cyst in a 58-year-old postmenopausal multiparous woman with third degree uterine prolapse.

Keywords: Dermoid cyst, Prolapse uterus, Postmenopausal age.

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INTRODUCTION

Germ cell tumors are derived from primordial germ cells of the ovary. Approximately 25 to 30% of all ovarian tumors are of germ cell origin and of these, 95% are benign and only 3 to 4% are malignant.¹ Benign cystic teratomas (dermoid cyst) account for 10 to 20% of all ovarian neoplasms.² They are encountered predominantly in women in their second and third decades of life and very rarely seen in postmenopausal women.

Here, we are presenting a rare case of large dermoid cyst in a 58-year-old postmenopausal multiparous woman with third degree uterine prolapse.

CASE REPORT

Mrs Nanda Mate, 58-year-old nulligravida, presented in our outpatient department with complaints of a mass protruding through vaginam and heaviness in lower abdomen. On examination, it was found to be a third degree uterocervical descent with cystocele and rectocele, and we found a large mass of 16 weeks size in her per abdomen examination. On ultrasonographic examination, it was found to be a dermoid cyst of ovary measuring 15 × 10 cm in size which was pushing the uterus down through an already lax postmenopausal perineum.

All routine investigations were found to be normal. Ca-125 level was done which was also found to be normal. Vaginal hysterectomy with anterior and posterior colpo-perineorrhaphy was performed. The large mass could not be approached vaginally, so laparotomy was done. A mass of around 15 × 10 cm was found on the right side, identified arising from the right ovary and attached by flimsy adhesions to the anterior aspect of the parietal peritoneum. The cyst had displaced bowel loops superiorly. The mass (Fig. 1) was removed and sent for histopathology. On cut section (Fig. 2), dark cloudy fluid mixed with hairs and tooth were seen. According to histopathology report, the mass showed features suggestive of a dermoid cyst (Fig. 3). She responded very well to the management and was discharged on the eighth postoperative day.

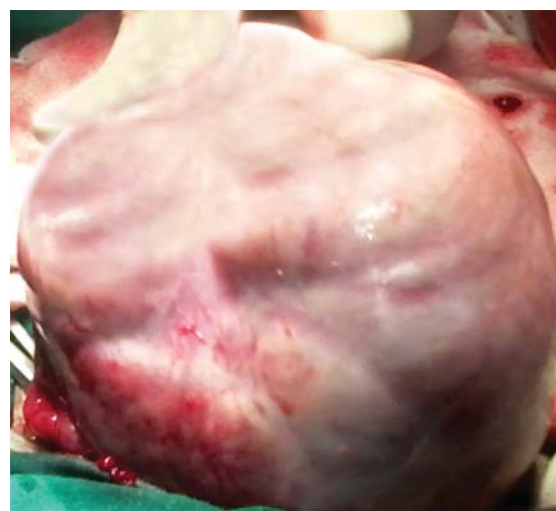


Fig. 1: Huge dermoid cyst removed on laparotomy



Fig. 2: Cut section of dermoid cyst

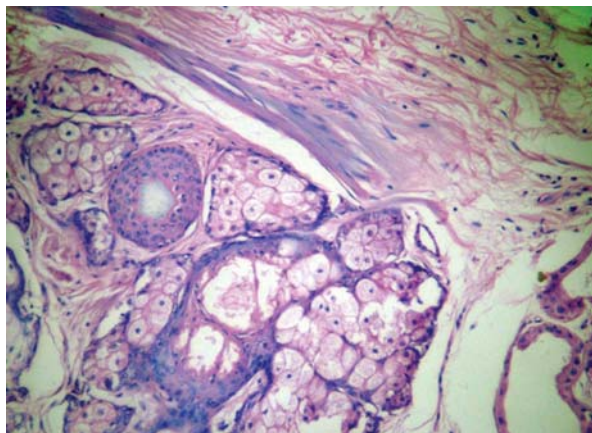


Fig. 3: Histopathology of dermoid cyst

DISCUSSION

Cystic teratomas make up approximately 15 to 25% of ovarian neoplasms; 10 to 15% are bilateral. They are composed of well-differentiated derivatives of three germ layers—ectoderm, mesoderm and endoderm.³ Mature cystic teratomas, often referred to as dermoid cysts, are the most common germ cell tumors of the ovary in women of reproductive age and are usually asymptomatic until they reach considerable size. Though, they are common in reproductive age but they can occur at any age, including postmenopausal woman. Most are 5 to 10 cm in diameter when diagnosed and on sectioning they usually contain thick sebaceous material, tangled hair and various dermal structures.⁴ One of the major complications seen in cystic teratomas is torsion, a partial or complete twisting of the ovarian suspensory pedicle causing severe pain, nausea and tissue necrosis. Malignant transformation is uncommon, occurring in approximately 2 to 3% of cases usually in older women.⁵

There are many reported cases of ovarian tumor in postmenopausal women but a huge dermoid cyst in postmenopausal nulligravida causing prolapse uterus is very

rare. A huge abdominal mass could be the reason for prolapse uterus in this nulligravida. This association has a clinical relevance. In this case though the size of tumor was more, the cyst did not undergo torsion may be because of the pull of the prolapse uterus. This case highlights the very uncommon features of dermoid cysts can present with and also shows the resultant effect on individual health.

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