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Bilateral Recurrent Ovarian Cysts: A Case Report

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Case Report

Subject: Obstetrics & Gynecology

Abstract:

Benign cystic ovarian teratomas (dermoid cysts) are the most frequently occurring ovarian neoplasms, representing 95% of germ cell tumours and 25% to 40% of all ovarian tumours.Ninety five percent of all ovarian teratomas are mature cystic teratomas and they are generally seen on the second or third decades of life. Mature cystic teratomas (dermoid cyst) originate from the germ cells and they form 15% of all ovarian tumours.The recurrence rate was 2.5% after ovary protected surgeries and reoccurrence was between 1 and 15 years.

The second most common epithelial tumour of the ovary is Mucinous cystadenoma (8-10%). Its recurrence is very rare after complete excision. Our patient showed a recurrence with Mucinous cystadenofibroma, which is a rare benign tumour.

A 29 year old nulliparous woman, anxious to conceive presented with bilateral ovarian cyst. This case was chosen for presentation because of recurrent bilateral ovarian cysts with different pathology.The right ovary had dermoid cyst which has components of all 3 germ layers and the left showed mucinous cystadenofibroma which although classified under epithelial tumours has a stromal component and is a very rare benign tumour of the ovary.

Key words: Dermoid cysts (recurrent), laparotomy for dermoid cysts.

Introduction:

Mature cystic teratomas (dermoid cyst) originate from the germ cells and they form 15% of all ovarian tumors (1).Ninety five percent of all ovarian teratomas are mature cystic teratomas and they are generally seen on the second or third decades of life. These tumors contain mature tissues originated from ectoderm, mesoderm and/or endoderm. The most frequent tissues encountered are ectodermal elements such as skin, hair, sweat and sebaceous glands (2). The recurrence risk of ovarian dermoid cyst within 2 years is 7.6%, following laparoscopic cystectomy and 0% following laparotomy and cystectomy (5).Surgical technique used at laparoscopy may influence the recurrence (8).

Mucinous cyst adenofibroma is a very rare benign tumour, the variant which reoccurred after cystectomy for mucinous cystadenoma.Mucinous cystadenofibromas have been described only briefly in large reviews and texts and in detail in only a single case by Kao & Norris (4).

Case Report:

A 29 year old woman presented with primary infertility of 8 years. She was diagnosed with bilateral ovarian cysts. She had previously undergone laparoscopy twice. The first time there was right ovarian dermoid and left ovarian mucinous cystadenoma. There was recurrence of right ovarian dermoid cyst for which she underwent laparoscopic cystectomy and the histopathology was consistent with Struma ovarii.

This time the MRI findings showed right ovarian complex cyst with septations and left ovary with a huge complex thick walled cyst with extensive septations in the periphery and coarse echoes in the centre. Laparoscopic bilateral cystectomy was done. The histopathology findings were consistent with right ovarian mature teratoma and left ovarian mucinous cystadenofibroma with no evidence of malignancy.

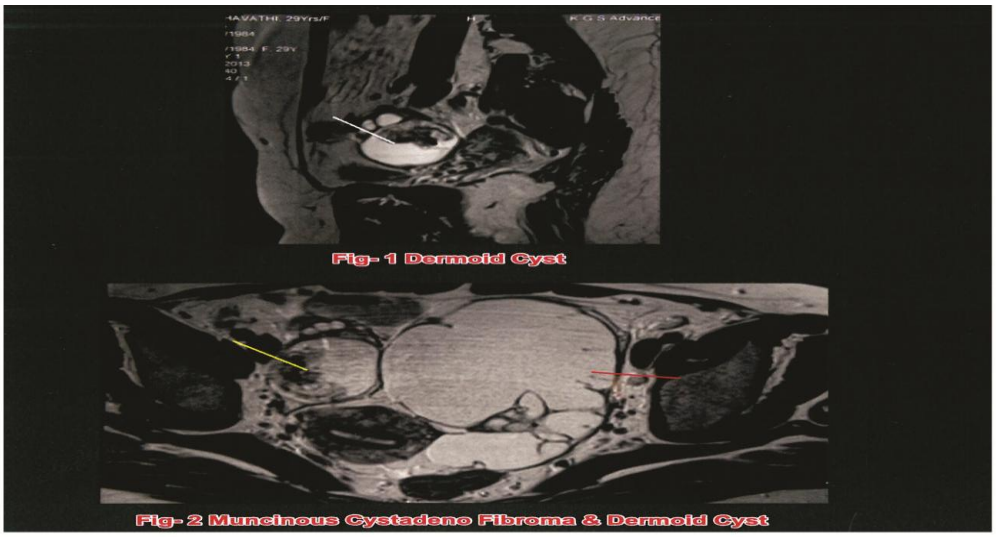

Fig- 1 Dermoid Cyst

Fig- 2 Muncinous Cystadeno Fibroma & Dermoid Cyst

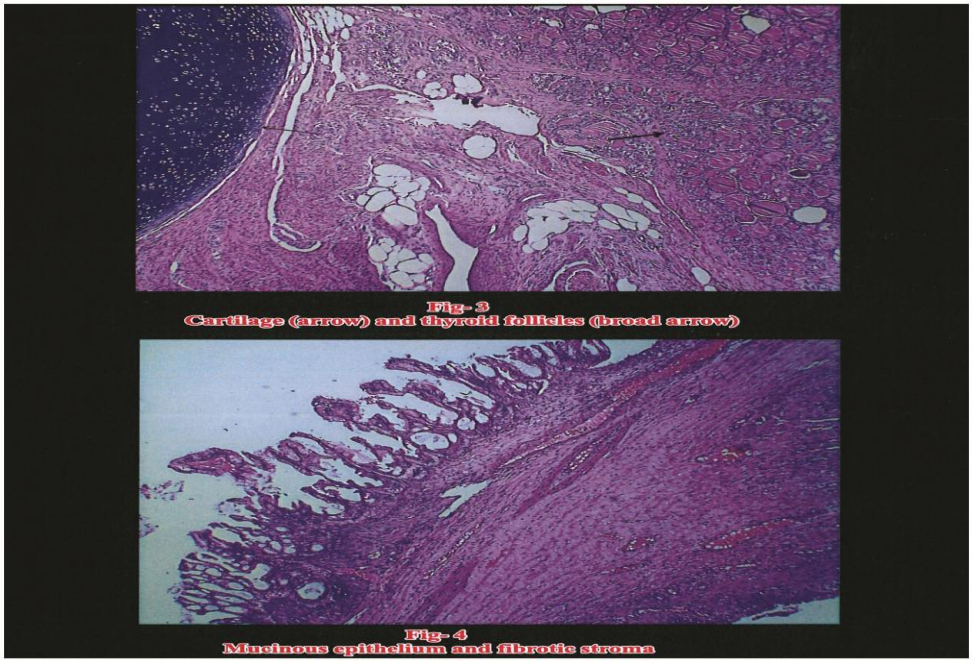

Fig- 3
Cartilage (arrow) and thyroid follicles (broad arrow)

Fig- 4
Mucinous epithelium and fibrotic stroma

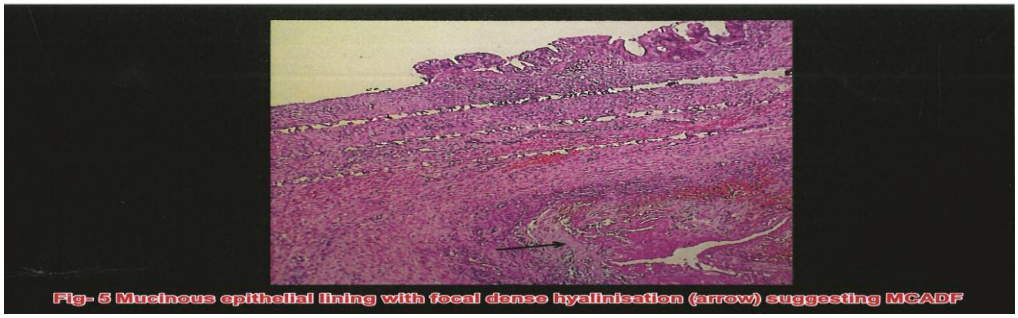

Fig- 5 Mucinous epithelial lining with focal dense hyalinisation (arrow) suggesting MCADF

Discussion:

The factor that probably increases the risk of recurrence of dermoid cyst is the surgical technique used at laparoscopy (5,6). The slow growing nature and lack of symptoms of dermoid cyst in most cases suggest that the apparent cause of recurrence is may be incomplete removal rather than true occurrence of a new teratoma (7). As they are of germ cell origin and grows from deep within

the ovary, it is imperative to remove the cyst wall completely down to the ovarian hilum (8,9).

Mucinous cystadenofibromas (MCADF) are rare benign neoplasms with both epithelial and predominant stromal components, with widely spaced glands in a typical fibromatous stroma (10).It is important to differentiate this tumour from primary or metastatic mucinous cystadenocarcinoma which have irregular contours and are lined by cells with greater degree of nuclear atypia and well differentiated tumour may have uniform fibromatous stroma with focal irregularities (11).

Conclusion:

This case study emphasizes the importance of complete excision of dermoid cysts to prevent its recurrence. With histological finding of mucinous cystadenofibroma, diagnosis should be well established so that the more common mucinous cystadenoma or primary or metastatic cyst adenocarcinoma is not missed.

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1 www.fmsq.org/LeSpecialisteJ...

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