CASE REPORT

Benign Cytic Teratoma of Ovary Perforating into the Urinary Bladder: A Rare Case

Sardesai Suman · Raghoji Vijay · Dabade Rajiv ·
Shaikh Haseena

Received: 27 January 2009 / Accepted: 6 June 2012 / Published online: 12 March 2013
© Federation of Obstetric & Gynecological Societies of India 2013

Introduction

Benign cystic ovarian teratoma is the most common ovarian neoplasm accounting for 10–25 % of ovarian tumors. Complications of cystic teratomas include torsion (16 %), malignant degeneration (2 %), infection (1 %), and rupture (1 %). It can rupture into the bladder, small bowel, rectum, sigmoid colon, vagina, abdominal wall, and peritoneal cavity. We report a case of ovarian dermoid perforating into the bladder and with a queer presentation with a tuft of hair projecting through the urethra while micturating.

Case Report

A 35-year-old para 4 from a low socioeconomic background came complaining of a tuft of hair projecting through the urethra during micturition, which used to recede back after micturition and caused a pricking sensation. All four of her

deliveries were full-term normal deliveries, the last being 6 years ago. She had undergone tubal ligation. She was moderately built and nourished, her pulse was 82 beats/min and BP 110/70 mmHg. On per abdomen examination, suprapubic tenderness was present. On vaginal examination, the cervix was normal, the uterus was of a normal size, midposed, and there was tenderness in the ant fornix. Her hemoglobin was 11.9 gm%. Her leucocyte count was 6,900/cumm, differential count P-53, L-30, E-70, blood group “O” Rh + Ve, blood urea 22 mg/dl, and serum creatinine 0.8 mg/dl. Abdominal sonography suggested echogenic contents in the urinary bladder; intravenous urography was suggestive of a faintly calcified density seen in the intravesical region, calculus. Calcific density was seen in the left adnexal region. On cystoscopy, a mass of 3–4 cm with a whitish background with a tuft of hair attached to the dome of the bladder was seen on the left side. Preoperative diagnosis of primary dermoid cyst of the bladder or ovarian dermoid perforating into the bladder was made. Laparotomy was done with a full bladder; the uterus and right ovary were normal. The left ovary was adherent to the dome of the bladder on the left side. The left ovarian dermoid cyst adherent to the bladder was separated from the bladder; during this procedure, the bladder got opened up. As the whole ovary had undergone a neoplastic change, a left-sided salpingo-oophorectomy was done and the bladder was closed in two layers; blood loss was minimal. The patient stood the procedure well and the postoperative period was uneventful. The stitches were removed on the seventh postoperative day. The catheter was removed on the 14th day. She was discharged in good

Sardesai S. (✉), Consultant · Dabade R., Consultant ·
Shaikh H., Consultant
Department of Obstetrics & Gynaecology, Ashwini Sahakari
Rugnalaya and Research Centre, ‘Soham Residency’ 23/1,
Railway Lines, Solapur 413001, Maharashtra, India
e-mail: drsupr@yahoo.co.in

Raghoji V., Consultant
Department of Urology, Ashwini Sahakari Rugnalaya
and Research Centre, Solapur 413001, Maharashtra, India

Fig. 1 Cystoscopic view showing a tuft of hair projecting into the bladder

Fig. 2 Cystic teratoma of the *left* ovary adherent to the bladder

condition. Histopathologic report of the specimen revealed mature teratoma (Figs. 1, 2).

Discussion

This case is interesting because of its Queer presentation. Only a few cases of dermoid perforating into the bladder are reported in literature. Benign Cystic ovarian teratomas are the most common ovarian neoplasm accounting for 10–25 % of ovarian tumors and women of any age group may present with this tumor. These tumors are bilateral in 8–15 % of cases and most patients present with an asymptomatic adnexal mass discovered on routine pelvic examination with calcification in the pelvic region revealed on imaging performed for other indications. Complications of cystic teratomas include rupture. A dermoid cyst perforating into the bladder is rare. The earliest reference made of such a case was in 1977 by Schultheis et al. [1]. Cases have been reported in other languages such as Japanese, French [2], and German with similar features. There may be a variable clinical presentation and broad differential diagnosis that can lead to preoperative misdiagnosis. Treatment is always surgical.

References

1. Schultheis J, Kohler F. Benign cystic teratoma (dermoid cyst) of ovary perforated into the urinary bladder. *Z Urol Nephrol.* 1977;70:733–7.
2. Rantomalala HY, Raveloson JR, Rakotoarisoa B, et al. Bladder fistula of avorian dermoid cyst. *Ann Urol (Paris).* 2003;37:102–4.