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CASE REPORT OF A MONODERMAL MATURE TERATOMA - STRUMA OVARII IN A 43-YEARS OLD WOMAN

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ABSTRACT. Since its firs description in 1895 by Von Kalden, Gottschalk in 1899 and Mayer in 1903, only 150 cases of struma ovarii were reported in the medical literature. Its account for 1% of all ovarian tumors, less than 5% of mature teratoma and most are benign, only 5 to 10% are malignant. We report a case of unilateral monodermal mature teratoma, struma ovarii type, in a 43-years old patient with benign ascites.Total hysterectomy with bilateral oophoro-salphingectomy was preformed. Microscopy showed in right ovary – monodermal mature teratoma, struma ovarii type, ascites liquid without atypical cells. No symptoms of hyperthyroidism were observed, including the post-operative period.Struma ovarii is a rare type of teratomas, difficult to identify without histopathological examination. Surgery is the only treatment because can cause symptoms of pelvic mass and compression, also malignant alteration is possible.
KEYWORDS: struma ovarii, mature teratoma, ascites, ovarian tumor

INTRODUCTION

Since its firs description in 1895 by Von Kalden, Gottschalk in 1899 and Mayer in 1903 (2,3), only 150 cases of struma ovarii were reported in the medical literature. Its account for 1% of all ovarian tumors, less than 5% of mature teratoma and most are benign, only 5 to 10% are malignant (1,4).

It is a rare entity characterized by the presence of thyroid tissue in an ovarian tumor, more than 50% of overall mass. The diagnosis of struma ovarii is usually made after surgical resection of the pelvic tumor, on histological exam. Uncommon macroscopic and especially histological patterns in struma ovarii can cause difficulties in diagnosis; also, cystic pattern is challenging to diagnose both macroscopically and histologically.

In some cases, stuma ovarii can be associated with ascites and pleural effusion (pseudo-Meigs syndrome) or could be hormonally active and manifest clinically symptoms of thyroid hyperactivity. Preoperative diagnosis is difficult because ultrasonography or computer tomography are not specific, they can only show tumor mass, solid or cystic.

We report a case of unilateral monodermal mature teratoma, struma ovarii type, in a 43-years old patient with benign ascites.

Case Report

A 43-years old woman treated at out Hospital of Obstetric-Gynecology; she presented with pelvic pains and repeated metrorrhagia.

Family and personal anamnestic data show uterin cervix amputation (at 38 years old), renal litiasis, secondary anemia. Gynecological anamnesis: menarche at the age of 14, menstrual cycles regular, last menstruation 2 weeks ago. Parturition: 3 and abortion: 0.

There was no history of loss of weight and appetite, fever and any urinary or
bowel trouble. There was no history of palpitation, breathlessness, excessive heat intolerance.

Clinical examination show pain in right iliac region. Gynecological examination showed no pathological findings in vulva and vagina; status post uterin cervix amputation, uterus increased in volume with a 5 cm leiomyomatous nodule.

Laboratory blood analyses show leucocytes 6280/mm^3, VSH 10, CA-125 increased at 48,08U/ml.

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Radiography of the thorax show no pathological findings. Ultrasonography show uterus increased in volume 106/80/31mm that present in anterior wall a submucous nodule of 44/32mm with non-homogenous structure, right ovary – increased in volume 5 cm in diameter with cystic structure, left ovary – normal structure 23/18mm.

Surgeons performed total hysterectomy with bilateral oophoro-salphingectomy; intraoperative was observated minim quantity of ascites, 200ml of serocitrin aspect. Histopathological examination, macroscopically: uterus increased in dimensions 200/180/100 mm that show in anterior wall a leiomyomatous nodule of 40/30mm, right ovary – with cystic transformation 60/50mm, left ovary – normal aspect 40/30mm.

Microscopy showed proliferative endometrium, leiomyomatous myometrium, right ovary – monodermal mature teratoma, struma ovarii type, left ovary – follicular cyst, fallopian tubes without modifications, ascites liquid without atypical cells.

DISCUSSION

The peak age of incidence for struma ovarii is the fifth decade of life (1). Usually patients present with symptoms of pelvic mass. In our case, 43-years old woman present with pelvic pain and metrorrhagia.

According to Blaustein, the frequency of the occurrence of struma ovarii range from 5 to 20% and most cases are benign and unilateral. Same like in our case, right localization, benign form. The ascites is also a common finding, no malignant cells or any other sings of malignancy were found in ascites after histological and cytological examination.

Preoperative diagnosis is very difficult due to different types of ovarian tumors with similar findings. The ultrasonography features of struma ovarii are also nonspecific. It is difficult to distinguish between struma ovarii and other ovarian tumors on the basis of their sonographic appearance.

Kim et al. showed that struma ovarii has some characteristic MR appearance of a multilobulated complex mass with thickened septa, multiple cysts of variable signal intensities, and enhancing solid components (5). The use of US, CT and MR imaging features of ovarian teratomas can aid in differentiation and diagnosis (3,5,9).

Histopathological examination can give the final proof; only microscopic examination may reveal the presence of thyroid tissue in the ovary and avoid the confusion with other cystic ovarian tumors.

No symptoms of hyperthyroidism were observed, including the post-operative period.

CONCLUSION

Benign and unilateral struma ovary was diagnosticated in a 43-years old woman treated in the Obstetric-Gynecology Hospital of Arad in 2015. The patient show no hyperthyroidism symptoms before and after surgery. No complication in postoperative period.

Struma ovarii is a rare type of teratomas, difficult to identify without histopathological examination. Surgery is the only treatment because can cause symptoms of pelvic mass and compression, also malignant alteration is possible.

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