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## Case Report

# Giant dermoid cyst of ovary in postmenopausal woman: a case report

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### ABSTRACT

A 49 year, multipara, post-menopausal woman complains of pain abdomen and breathlessness for one week. On abdominal examination, there was a firm mass. MRI showed multi-loculated cystic lesion suggestive of ovarian dermoid cyst. Patient underwent TAH and BSO.

**Keywords:** Dermoid, Menopause woman

## INTRODUCTION

The most probable ovarian tissue from which neoplasm arises are: surface epithelium, sex cord and germ cell.<sup>1</sup> Benign cystic teratoma comprises of 32% of all ovarian tumors.<sup>2</sup> About 43-70% are found and diagnosed in reproductive years. Highest frequency is noticed during adolescence.<sup>3</sup> The peak incidence is observed between 15-19 years.<sup>4</sup> 5-20% of cystic teratoma are found in postmenopausal women.<sup>5</sup> However, occurrence of benign cystic teratoma is not uncommon in postmenopausal women.

## CASE REPORT

Mrs. X, 49yrs, P3L3, post-menopausal for 2½ years, complain of pain abdomen and breathlessness for one week. Pain was of insidious onset, constant, dull aching. There was no associated co-morbidity. On examination, she was found to have BMI - 28kg/m<sup>2</sup>, pallor ++. There was no lymphadenopathy or edema. On abdominal examination, there was a mass extending from lower epigastric region to hypogastrium encroaching the right and left iliac region with ill-defined margins, firm in consistency, fixed, lower border not felt. There was a

midline vertical LSCS scar. There was no free fluid. Speculum examination revealed normal vagina and cervix. Uterine size could not be elicited by bimanual examination. Fornix were free. On investigation Hb% was 6.7g%, FBS-78 mgm%, PPBS- 108 mgm%, uera-11 mgm%, creatinine-0.6 mgm%, LFT-normal, CA125-108.2IU, CEA-2.7, LDH-497.



**Figure 1: MRI showed multi-loculated cystic lesion.**

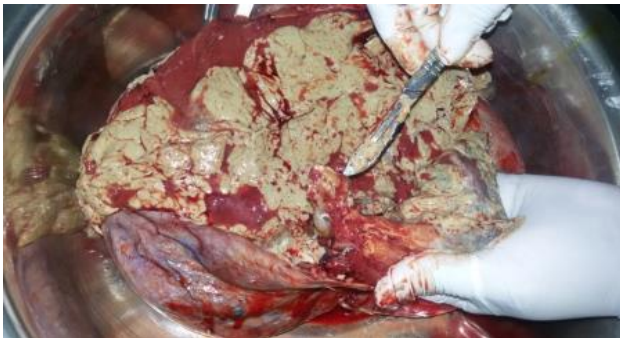
Ultrasound of abdomen and pelvis revealed an ill-defined cystic lesion with normal right ovary but left ovary could

not be separately visualized and no free fluid. MRI showed multi-loculated cystic lesion (31.5X22X12 cm) arising from pelvis with extension up to mid abdomen and fatty components within suggestive of left ovary dermoid cyst (Figure 1).



**Figure 2: Left ovary dermoid cyst.**

Minimal free fluid was also noticed in pelvis. Laparotomy was planned for her. On laparotomy, it was a left ovary dermoid cyst of 30X20 X10cm (Figure 2) with flimsy adhesions. Patient underwent TAH and BSO. Cut section showed teeth, hairs and plenty sebaceous materials. (Figure 3) Her postoperative period was uneventful. Histopathology confirmed as benign cystic teratoma.



**Figure 3: Cut section showed teeth, hairs and plenty sebaceous material.**

## DISCUSSION

Although benign cystic teratoma is the tumour of reproductive age, Ping et al reported a mature cystic teratoma of the ovary in a 16-yr old female and Lucksom et al reported a case of dermoid cyst of ovary in a 47 yrs old woman with malignant transformation.<sup>6,7</sup> Patel et al reported a case of pregnancy with benign cystic teratoma in a 25 yrs woman.<sup>8</sup> Size of these tumors varies from 0.5-

40 cm. The significance of our case is occurrence of a huge cystic teratoma in postmenopausal age.

## CONCLUSION

Although benign cystic teratoma is common in reproductive age, can occur in postmenopausal age group as well.

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