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Olgu Sunumu

Tek Taraflı Ovaryan Torsiyon ile Birlikte Diş ve Kemik İçeren Bilateral Dermoid Kist Olgusu

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ÖZET

Akut batın ile başvuran tek taraflı over torsiyonunun eşlik ettiği bilateral dermoid kist vakası takdim edildi. 35 yaşında hasta acil servise akut batın ile başvurdu. Cerrahi sırasında sol over iki tam tur torsiyone ve bilateral dermoid kisti saptandı. Sol salpingooforektomi ve sağ kistektomi uygulandı. Kistektomi sırasında yağ dokusu ile beraber bir adet kesici diş, kemik benzeri yapı ve saç dokusu saptandı. Dermoidler germ hücrelerinden kaynaklanan matür teratomlardır, bu yüzden epiderm, saç, kalsifiye kemik, diş, yağ gibi her üç germ hücre tabakasından yapı içerebilir. Bilateralite, dermoidlerin sık rastlanan bir özelliği olduğundan, acil alınan tek taraflı torsiyon vakalarında dahi karşı over dermoid kist açısından incelenmeli, böylece gelecekte ortaya çıkabilecek mükerrer over torsiyonu vakaları da önlenebilir.

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Case Report

Case Report of Bilateral Dermoid Cyst Containing Tooth and Bone with Unilateral Ovarian Torsion

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ABSTRACT

A case of bilateral dermoid cyst accompanied by unilateral over-torsion with acute abdomen was presented. A 35-year-old patient presented with acute abdomen in the emergency department. Two complete rounds of torsion and bilateral dermoid cysts were detected during the surgery. Left salpingoformectomy and right cystectomy were performed. During cystectomy, together with the hair one incisor tooth and bone like tissue was detected. Dermoids are mature teratomas arising from the germ cells, and therefore they can contain elements of all three germ cell layers such as epidermis, hair, calcified bone, teeth, fat and soft tissue like in our case. Since bilaterality is a common feature of dermoids, it should be examined in the opposite over dermoid cyst, even in cases of emergency unilateral torsion, so that future multiple torsion cases can be prevented.

Introduction

Mature cystic teratoma (MCT) is a type of germ cell tumor composed of well-differentiated tissues derived from three germ cell layers: endoderm, mesoderm and ectoderm (1). The MCT accounts for more than 95 percent of all ovarian teratomas and is almost invariably benign (2). Dermoid cysts are the most common ovarian tumor in women in the second and third decade of life. Ultrasound is the common tool for detecting and characterizing ovarian masses for dermoid cysts. Malign transformation of MCTs is very rare. The average frequency is 1–2%. Squamous carcinoma is the most common malignancy followed by adenocarcinoma and melanoma (3, 4, 5).

The most common complication of a MCT is ovarian torsion. In this paper we present a case with bilateral dermoid cyst, unilateral ovarian torsion with acute abdominal symptoms.

Case

A 35 years old Gravida 2, Para 2, woman was admitted to emergency service with the complaint of pelvic pain, presented as an acute abdomen. She described her pain as intermittent, aching in nature. Transvaginal ultrasound revealed bilateral dermoid cyst, consisting of 4 cm at the left ovary and 2 cm at the right ovary, accompanying with left ovarian torsion, which was the main reason for that unbearable pain. After preoperative preparations done urgently laparotomy was made with Pfannenstiel incision. During surgery it was discovered that the left ovarian dermoid was twisted by two full turn and was severely dusky in appearance suggesting necrosis (Fig. 1).



Figure 1

The left dermoid was approximately 4 cm in largest dimension while the right ovary had a smaller dermoid cyst (measuring 2 cm in largest dimension)

and normal ovarian tissue was preserved on the right side. Because of the necrosis of the left ovary, left Salpingo-oophorectomy and right sided cystectomy was performed. During cystectomy, with the hair also one incisor tooth and bone like tissue was detected (Fig. 2-3). The right ovary was preserved with the remnant healthy ovarian tissue. 2 days after the operation she was discharged uneventfully.



Figure 2



Figure 3

Discussion

MCTs are not only the most common germ cell tumors but also the most common ovarian neoplasm (6). MCTs are believed to originate from the primordial germ cells and occurs predominantly between the ages of 20 and 40 (6). They are bilateral in 10 to 17 percent of cases (7). The most common complication of a MCT is ovarian torsion. The pain associated with torsion is usually localized and, depending on the degree of vascular occlusion, can be very severe. Mature teratomas arise from the germ cells, and can therefore contain elements of all three germ cell layers such as epidermis, hair, calcified bone, teeth, fat and soft tissue like in our case, even the structure similar to a fetus, which is called homunculus (8-10). In the literature, it is not uncommon to see case series mentioning bone or cartilage structures (2), but tissue differentiation of dermoid germ cells into tooth structure is not

mentioned enough, so we wanted to present this case, dermoid with molar tooth structure and accompanying with torsion.

A total of 15% cases develop torsion; however, rupture is rare probably due to thick cyst wall. The pain associated with torsion is usually localized and, depending on the degree of vascular occlusion, can be very severe as in our case. Since bilaterality is a common feature of MCT, even in the urgent operation of unilateral torsion of adnexa, investigation of both ovaries is crucial not to dismiss possible remnant dermoid cyst located at the contralateral ovary, in order to prevent future torsions because of the remnant dermoid cyst.

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