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CASE STUDY

FALLOPIAN TUBE DERMOID CYST

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ABSTRACT

Teratomas are germ cell- derived tumours occurring most commonly in the gonads. Mature cystic teratomas are also known as dermoid cysts, occur most commonly in the ovaries. A 36 year old para 2 live 2 female presented in SDMH OPD with lower abdominal pain. USG showed inhomogenous, almost solid mass in left adnexal region, with faint posterior shadowing of size about 7.7 x 3.2 x 4.2 cms. Laparascopic removal of the mass done along with left salpingtectomy. Histopathological examination revealed mature cystic teratoma of left fallopian tube.

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INTRODUCTION

The word "teratoma" is derived from Greek word "teraton" meaning monster and the term "dermoid cyst" was coined by Leblanc in 1831 (Kim *et al*., 2011; Harding *et al*., 1993). Teratomas are germ cell- derived tumours occurring most commonly in the gonads. Mature cystic teratomas are also known as dermoid cysts, occur most commonly in the ovaries. Their presence in fallopian tubes is of rare occurrence. In the present report, we describe a case of mature cystic teratoma occurring in fallopian tube.

Case Report

A 36 –year-old para 2 live 2 patient came to SDM hospital, Obstetrics and Gynaecology, with complaints of left sided lower abdominal pain, on and off since 1 year. Pain was dull aching type, mild, intermittent, radiating to back, not associated with nausea and vomiting, relieved by medication. Her past history was not significant. Her menstrual cycle was regular with normal flow. One of her cousin sisters also had history of ovarian dermoid cyst. Abdominal examination did not reveal any significant finding except tenderness in left iliac fossa. Ultrasound examination revealed one echogenic slightly inhomogenous, almost solid mass in left adnexal region, with faint posterior shadowing of size about 7.7 x 3.2 x 4.2 cms. some amount of free fluid was seen in anterior cul-de-sac, pouch of douglas & adnexal regions. (Fig. 1) Blood levels of CA-125 were within normal limits. The patient was undertaken for surgery with diagnosis of left adnexal mass. At the time of laparoscopy, enlarged left fallopian tube of approximately 8x 4cms was observed (Fig. 2); Right fallopian tube was also tortous. Both ovaries and uterus was normal. Pouch of Douglas was clear. The patient subsequently underwent left salpingectomy (Fig 4). Yellowish- white cheesy material along with hairs was seen inside the left fallopian tube which was taken out in endobag (Fig 3). The Infundibulo-ampullary part of fallopian tube was histologically diagnosed as mature cystic teratoma.

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DISCUSSION

Neoplasms of the fallopian tube are the least common tumors of the female reproductive system (Li *et al*., 2013). Mature cystic teratomas, also known as dermoid cysts, originate from primordial germ cells and are composed of well-differentiated derivatives of any combination of three germ layers: ectoderm, mesoderm, and endoderm (Chang and Lin, 2014). Teratomas are initially of mesodermal origin with abundant mesenchymal stroma; however, it eventually develops endodermal and ectodermal derivatives with airway-lining enterocytes, thyroid, brain and skin appendages (Fujiwara *et al*., 2010). These tumors usually occur in the age group of 20-40 years. The pathogenesis of teratomas has not clearly been understood; however they are believed to arise from germ cells migrating from the yolk sac to the primitive gonadal bud.

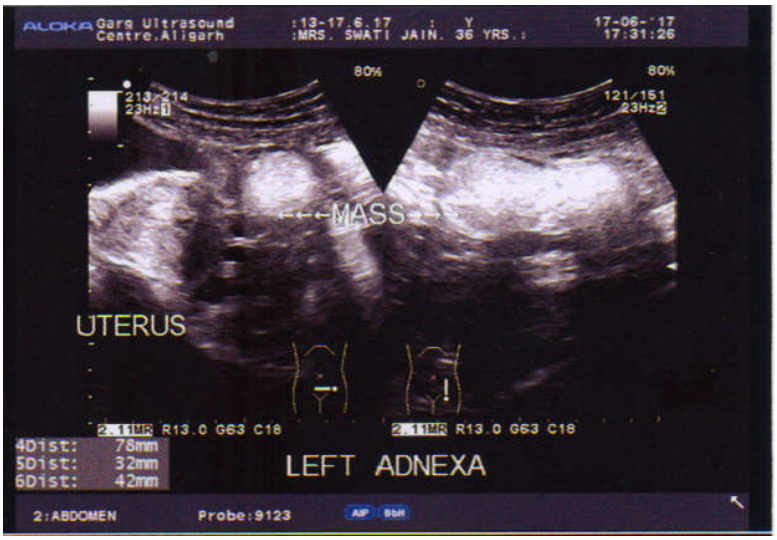

Figure 1. Sonographic view of pelvis revealed a inhomogenous mass of about 7.8x 3.2x 4.2cm

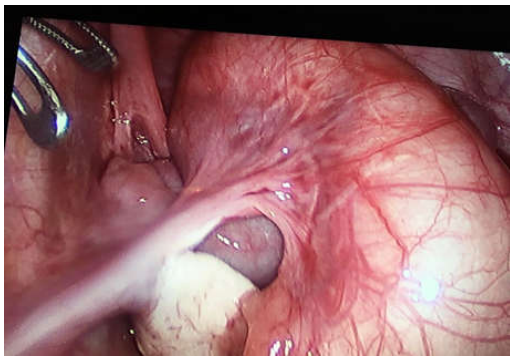

Figure 2. Laparoscopic view of left fallopian tube dermoid cyst

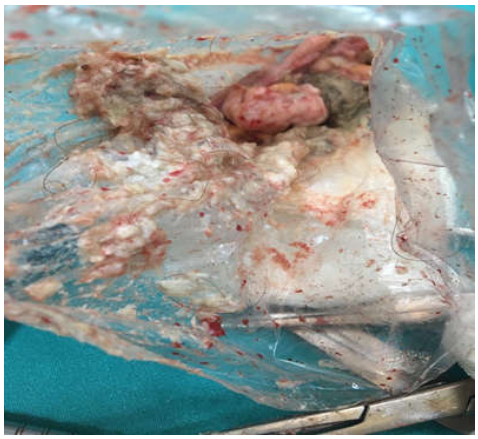

Figure 3. Cut section of left fallopian tube showing sebaceous material with hairs

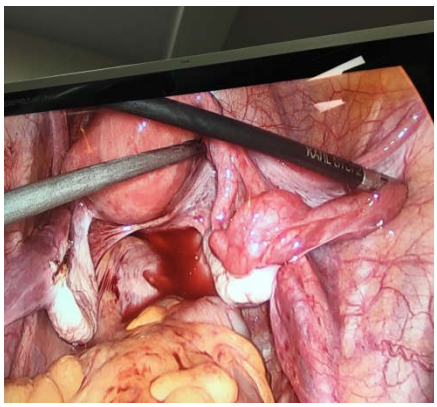

Figure 4. Final Lapararoscopic view after left salpingectomy

Tubal teratomas may result from the failure of these germ cells to reach the ovaries (Mazzarella *et al*., 1972). These tumors are usually asymptomatic, but may sometimes produce symptoms like abdominal pain, menstrual irregularities, postmenopausal bleeding, reduced parity or heaviness. In the present case report, we report a mature cystic teratoma in the fallopian tube in a 36 year old female which was diagnosed incidentally during laparoscopy. Particularly, pathologists must consider the possibility of a tubal teratoma when the origin of the adnexal mass is grossly ambiguous, because tubal teratomas are often misdiagnosed as ovarian teratomas in radiologic studies (Sung *et al*., 2011).

Conclusion

Proper work-up and evaluation should be done for all patients presenting with an adnexal mass. Although dermoid cyst are most commonly seen in ovaries but can also be considered as differential diagnosis for any paraovarian or fimbrial masses.

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