

CASE REPORT

Mature Cystic Teratoma of the Fallopian Tube – A Rare Case ReportManjula P. Biradar^{1*}, Praveen Biradar²¹Department of Pathology SIMS & RH, Tumkur-572101 (Karnataka) India, ²Consultant Pathologist Bhagwan Mahaveer Jain Hospital, Sheshadripuram, Bangalore- 560020 (Karnataka) India**Abstract:**

Primary mature teratomas of the fallopian tube are extremely rare and about 60 cases have been reported in the literature. Most of them have been discovered incidentally and none has been diagnosed preoperatively. In cases of undetermined pelvic or abdominal masses, a teratoma of the fallopian tube should be considered. We report a benign teratoma of fimbrial end of the fallopian tube discovered per-operatively.

Keywords: Teratoma, Fallopian Tube

Introduction:

Teratomas which are germ cell- derived tumors commonly occur in the gonads. The incidence of teratomas of the fallopian tube is extremely low. From the first case reported by Eden and Lockyer (cited by Frost *et al.*) [1] way back in 1865, the number of cases of tubal teratoma (cystic or solid) published so far are about 60, including five bilateral cases [2] and three cases of immature teratoma [1, 3, 4]. Most of them have been discovered incidentally and none has been diagnosed preoperatively.

Case Report:

A 40-year-old woman presented with white discharge per vagina since 2 months. On examination, an unhealthy cervix with a small cervical polyp was noted. Physical examination was unremarkable. Sonography showed a normal size uterus and a mass of 3.5 x 2 x 2 cm arising from the right adnexa. It was heterogenous in echo texture (Fig. 1). Both ovaries were normal. The patient underwent total abdominal hysterectomy. Per-operatively, a cystic mass was found attached to the fimbrial end of the right fallopian tube.

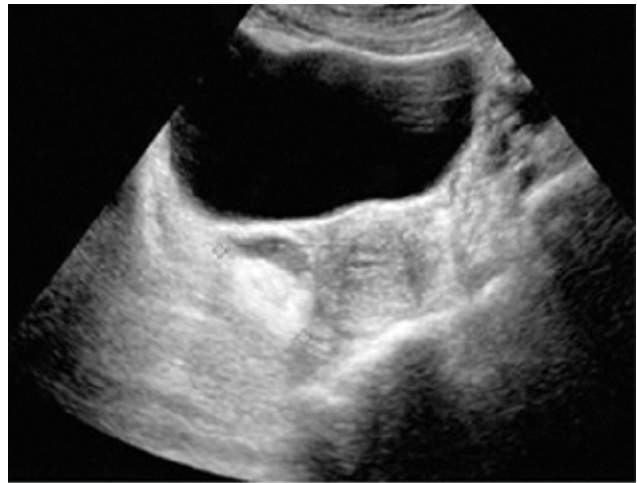


Fig. 1: Presence of a 3.5 cm sized Heterogeneous Echoic Mass in the Right Adnexa at Ultrasonography

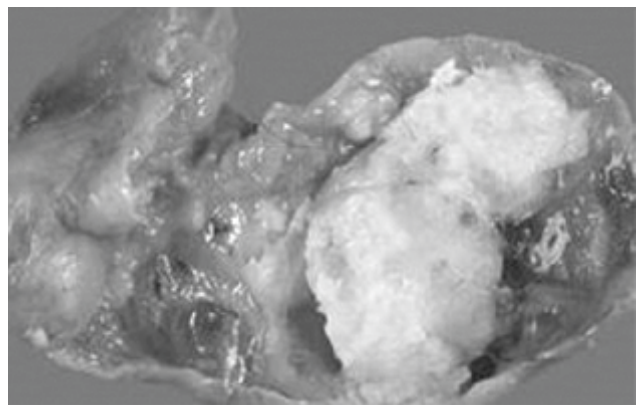


Fig. 2: Appearance of the Fallopian Tube is Dilated, while the Inner Cystic Space is Filled with Hair and Yellowish Greasy Material

Pathological findings:

Specimen of total abdominal hysterectomy with bilateral adnexa was received. The uterus and cervix measured 8x5x3cm and was unremarkable. Cervical polyp measured 2.5x1.5cm and was reported as endocervical adenomatous polyp. The right ovary measured 4x3x3cm and showed simple cysts. The right fallopian tube measured 5 cm in length and attached to the fimbrial end of the tube was a grey-white, partly cystic mass measuring 4.5x3.5x2cm.

Cut section of the mass showed pultaceous material, hair and yellowish areas (Fig. 2). The left ovary measured 3.5x3x1.5cm and fallopian tube measured 4cm in length. Both were unremarkable. Sections from the mass attached to the fimbrial end showed cystic spaces lined by keratinized squamous epithelium with adnexal structures (Fig.3). The stroma showed foci of mature adipose tissue, thyroid tissue and spaces filled with mucoid material and lined by cuboidal cells. The diagnosis of mature cystic teratoma was made.

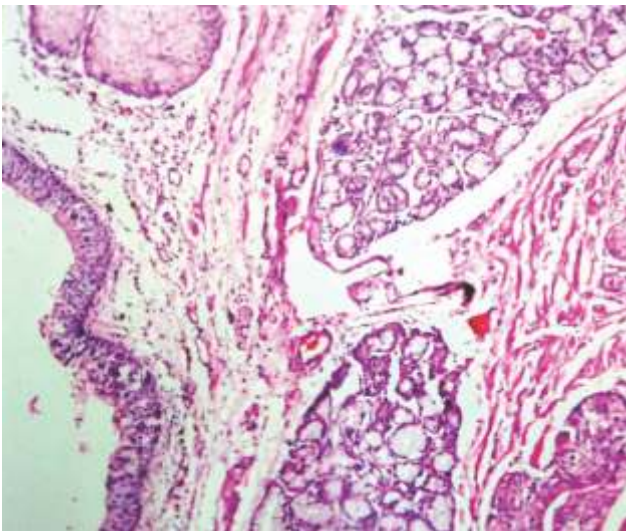


Fig.3: Sections shows Stratified Squamous Epithelium with Adnexal Structures

Discussion:

Tubal teratomas are rare. The ages of reported patients ranged from 21-60 years and most patients with tubal teratomas were nulliparous [5]. The diagnosis is almost never made pre-operatively as most of these patients are asymptomatic. The common symptoms are colicky abdominal pain [2], dysmenorrhoea, leucorrhoea, menstrual irregularity [6] and post-menopausal bleeding. The present case was a 40-year-old woman who had leucorrhoea since 2 months. Analogous age-related trend is found for both size (range from 0.6 to 31 cm in diameter) and weight (up to 2400 g) [7]. Dimensions are therefore, inversely proportional to the age of the patients. Most of the tubal teratomas are diagnosed incidentally and are commonly located in the ampulla or the isthmus [5]. The association of mature cystic teratoma-ectopic pregnancy is relatively frequent and 6 cases [8, 9] are known to date: 4 in the contralateral tube and 2 in the ipsilateral tube (proximal or distal to the teratoma). The pathogenesis of the teratoma is not clearly understood. It is believed that fallopian tube teratomas arise from cells that were migrating from the yolk sac to the primitive gonads, but failed to reach their destination.

Conclusion:

The mature cystic teratoma in the fimbrial end of the fallopian tube is extremely rare, hence has been reported.

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