MEDDOCS Open Access Publisher

Annals of Reproductive Medicine

Open Access | Case Report

Right Mature Cystic Teratoma with Left Tubal Ectopic Pregnancy: About an Uncommon Case Report

Mariam Mahtate[1]; Aziz Slaoui[2]*; Soukaina Mouimen[1]; Najia Zeraidi[1]; Amina Lakhdar[1]; Aicha Kharbach[2]; Aziz Baydada[1]

[1]Gynaecology-Obstetrics and Endoscopy Department, Maternity Souissi, University Hospital Center IBN SINA, University Mohammed V, Rabat, Morocco.

[2]Gynaecology-Obstetrics and Endocrinology Department, Maternity Souissi, University Hospital Center IBN SINA, University Mohammed V, Rabat, Morocco.

***Corresponding Author(s): Aziz Slaoui**

University Hospital Center IBN SINA of Rabat, Gynaecology-Obstetrics and Endocrinology Department, Mohammed V of Rabat, Morocco.

Email: azizslaoui27@gmail.com

Received: Nov 08, 2022

Accepted: Nov 28, 2022

Published Online: Nov 30, 2022

Journal: Annals of Reproductive Medicine

Publisher: MedDocs Publishers LLC

Online edition: http://meddocsonline.org/

Copyright: © Slaoui A (2022). *This Article is distributed under the terms of Creative Commons Attribution 4.0 International License*

Keywords: Mature cystic teratoma; Ectopic pregnancy; Laparoscopy; Ovary.

Abbreviations: US: Ultrasound; HCG: Human Chorionic Gonadotropin; MRI: Magnetic Resonance Imaging.

Abstract

Background: Teratoma is the most common germ cell tumor of the ovary and accounts for about 20% of all ovarian neoplasms. Studies have shown that about 60% are asymptomatic at diagnosis and approximately 10% of cases are found during pregnancy. But there have been only a few documented cases of simultaneous occurrence of ectopic pregnancy and ovarian teratoma.

Case presentation: We hereby present the case of A 44-year-old woman who presented with persistent pelvic pain over 10 days. She had a high β-hCG level. The ultrasound allowed the diagnosis of right ovarian teratoma associated with left extra uterine pregnancy. She underwent a laparoscopy. A right salpingo-oophorectomy and a left adnexectomy were performed.

Conclusions: This case highlights the need for the physician to be thorough in the face of acute pelvic pain. To our knowledge, this is a very uncommon report of ectopic pregnancy occurring with preexisting dermoid of the other adnexa. Coexistence of different pathologies in a single organ presents a challenge to both the clinician and histopathologist.

Cite this article: Mahtate M, Slaoui A, Mouimen S, Zeraidi N, Lakhdar A, et al. Right Mature Cystic Teratoma with Left Tubal Ectopic Pregnancy: About an Uncommon Case Report. Ann Reprod Med. 2022; 1(1): 1003.

Introduction

Mature cystic teratoma is very common and accounts for more than half of all ovarian tumors in women of childbearing age [1-3]. They are usually detected during a pelvic ultrasound or surgery performed for other reasons [4]. Ectopic pregnancy is also a common cause of morbidity in women of childbearing age. the association of these two pathologies is rare: mature cystic teratoma with an ectopic pregnancy in the contralateral adnexa. This is the case of our patient [5 -6].

Case presentation

We hereby present the case of a 44-year-old woman, para 1, gravida 1 who was admitted to our hospital for pelvic pain and minimal vaginal bleeding for 10 days following 10 weeks of amenorrhea. Past medical, surgical and family history were unremarkable. Her general condition was good and vital signs were normal.

Clinical examination revealed soft abdomen with mild tenderness in the left iliac fossa. Gynecological examination showed a mobile mass palpable on the right side approximately 8 cms in diameter. Serum β-human chorionic gonadotropin (HCG) value was 14990 mIU/ml. Transvaginal ultrasonography revealed empty uterine cavity with the presence of an ectopic gestational sac with yolk sac in the left fallopian tube (**Figure 1**). We also found a right hyperechogenic complex ovarian mass of 5 cm in diameter that could be compatible with right ovarian mature cystic teratoma (**Figure 2**) associated with a moderate amount of free fluid in the Douglas pouch.

Based on these findings, laparoscopic surgery was performed. At exploration, there was indeed an unruptured left tubal pregnancy measuring 3 x 2 cm in the ampullary region (**Figure 3**) associated with an ovarian mature cystic teratoma measuring 6 x 8 cm (Figure 4). Left salpingotomy and right adnexectomy was then performed (**Figure 5**).

Histopathological exam allowed us to diagnose a right ovarian mature cystic teratoma associated with left tubal ectopic pregnancy. Postoperative recovery was uncomplicated and the patient was discharged on the second post-operative day. Follow-up was uneventful.

Figure 1: Ultrasound photography of the ectopic gestational sac with its yolk sac in the left fallopian tube.

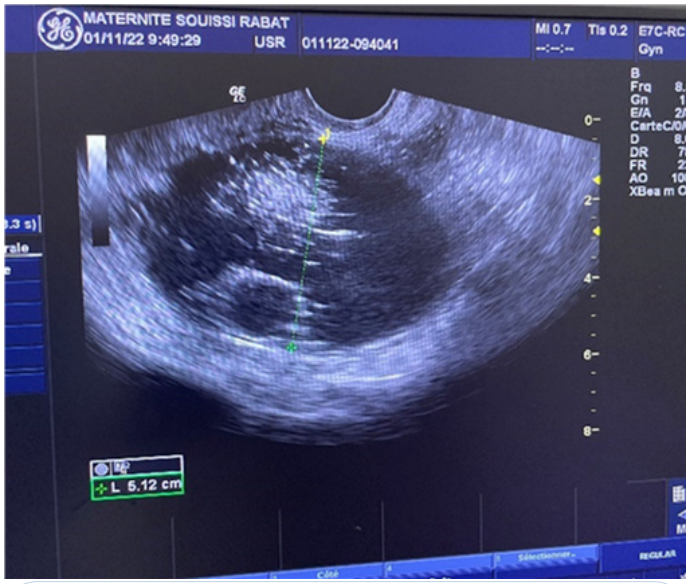

Figure 2: Ultrasound photography of the right ovarian mass compatible with ovarian mature cystic teratoma.

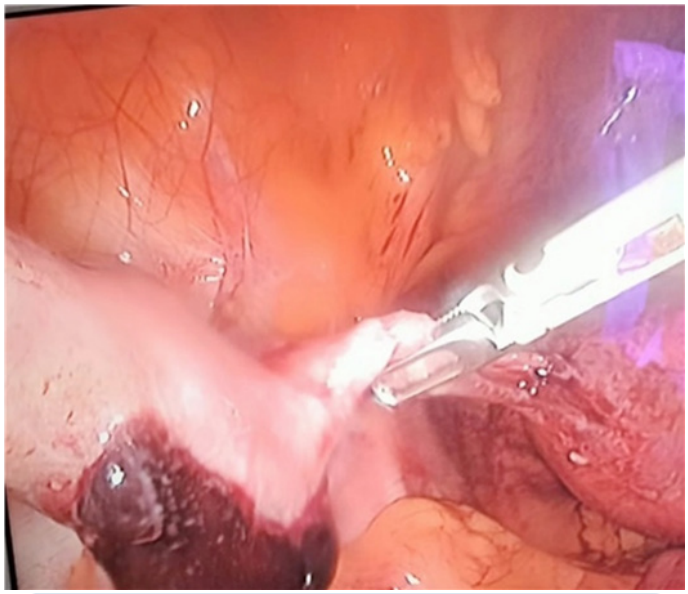

Figure 3: Perioperatively photography of the unruptured left tubal pregnancy.

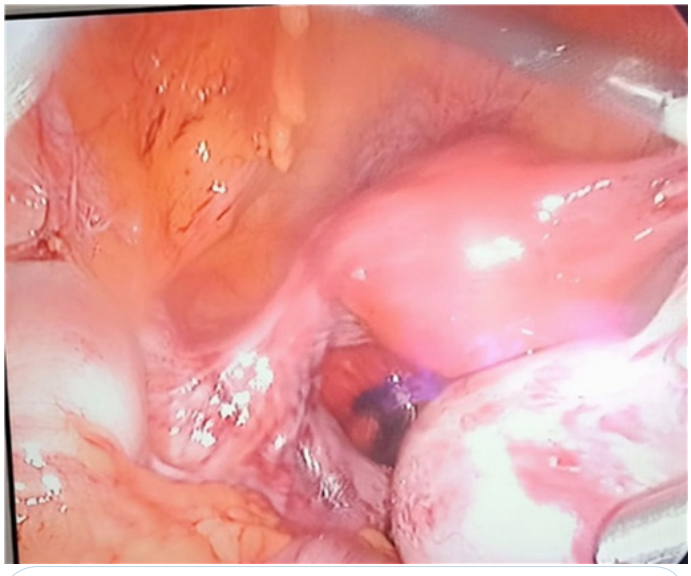

Figure 4: Perioperatively photography of both the left tubal ectopic pregnancy and the right ovarian mature cystic teratoma.

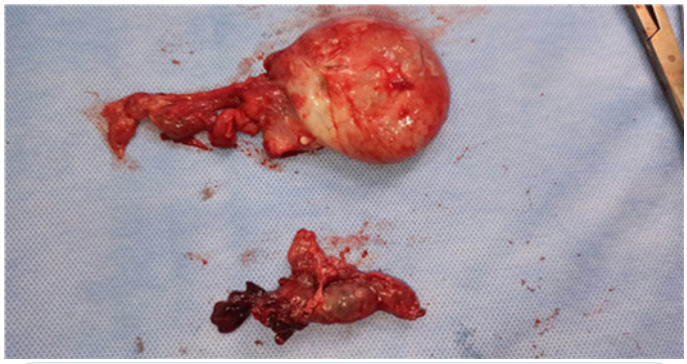

Figure 5: Photography post operatively of both the left salpingotomy and the right adnexectomy.

Discussion

Desmoids are the most common ovarian neoplasm in young women, occurring bilaterally in 10-15% of cases [1]. Approximately 10% of teratomas are diagnosed during pregnancy; however, most patients are asymptomatic with a large proportion of cysts discovered as incidental findings during laparotomy for other pathology [2]. Presentation usually involves abdominal pain, increased abdominal girth, palpable abdominal mass, constipation and. Anorexia and large masses can be complicated by torsion, rupture, infection, hemorrhage, and malignant degeneration [2].

Ectopic pregnancies are mostly located in the fallopian tubes, accounting for 98.3% of all cases [7]. In low- and middle-income countries, early detection of ectopic pregnancy is often difficult because of their asymptomatic nature before their rupture with intra-abdominal hemorrhage and pain [7].

The likelihood of having a simultaneous ectopic pregnancy with a teratoma is not well documented in the literature. The majority of reported incidents involved ectopic pregnancy occurring ipsilaterally, and more specifically, in the actual teratoma located either in the fallopian tube or ovarian structures [8 – 9]. The presented case showed the co- existence of ectopic tubal pregnancy in left side and the mature cystic teratoma in the other side in a 44-year-old patient.

Transvaginal ultrasonography is the initial modality of choice to diagnose ectopic pregnancy. However, when transvaginal sonographic findings are indeterminate, MRI can be very useful [10].

In our case, the radical treatment was justified by the age of our patient with her desire not to have children, the emergency context of the laparoscopy and no idea of the serum tumor markers. Salpingectomy like ours is often chosen to avoid recurrences [7].

Conclusion

This case highlights the need for the physician to be thorough in the face of acute pelvic pain. To our knowledge, this is a very uncommon report of ectopic pregnancy occurring with preexisting dermoid of the other adnexa. Coexistence of different pathologies in a single organ presents a challenge to both the clinician and histopathologist.

This work has been reported in line with the SCARE 2020 criteria [11].

Declarations

Guarantor of Submission

The corresponding author is the guarantor of submission.

Acknowledgements: None.

Funding: There are no funding sources to be declared.

Availability of data and materials

Supporting material is available if further analysis is needed.

Competing interests

The authors declare that they have no competing interests.

Author contribution

MM: study concept and design, data collection, data analysis and interpretation, writing the paper. AS: study concept, data collection, data analysis, writing the paper. SM: study concept, data collection, data analysis, writing the paper. NZ: study design, data collection, data interpretation, writing the paper. AL: study design, data collection, data interpretation, writing the paper. AB: study design, data collection, data interpretation, writing the paper. AB: study concept, data collection, data analysis, writing the paper.

Consent for publication

Written informed consent was obtained from the patient for publication of this case report and any accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal.

Ethics approval and consent to participate

Ethics approval has been obtained to proceed with the current study. Written informed consent was obtained from the patient for participation in this publication.

References

1. Rha SE, Byun JY, Jung SE, Kim HL, Oh SN, et al. Atypical CT and MRI manifestations of mature ovarian cystic teratomas. AJR. 2004; 183: 743-750.
2. Katz VL, Lentz GM, Lobo RA, Gershenson DM. Comprehensive Gynecology. 5th edn. Philadelphia: Mosby, an affiliate of Elsevier. 2007.
3. Berek JS. Benign diseases of the female reproductive tract. In: Berek JS, eds. Berek & Novak's Gynecology. 15th ed. Philadelphia: Lippincott Williams & Wilkins, 2012; 374-437.
4. Chae H, Rheu C. Endometriosis coexisting with mature cystic teratoma in the same ovary and ectopic pregnancy of left fallopian tube: a rare coexistence. Clin Cas Rep. 2015; 3: 315-318.
5. Veena R. Iyer, Susanna I. Lee. MRI, CT, and PET/CT for Ovarian Cancer Detection and Adnexal Lesion Characterization. American Journal of Roentgenology. 2010; 194: 311-321.
6. Jinekoloji - Obstetrik ve Neonatoloji Tıp Dergisi. 2019; 16: 177-179.
7. Mondal SK. Adenofibroma and ectopic pregnancy of left fallopian tube: a rare coexistence. J Obstet Gynaecol. Res. 2010; 36: 690-692.
8. Johnson N, Gist W, Akinlaja O, Gist B. Bilateral Ovarian Teratomas with Concurrent Ectopic Pregnancy at Diagnostic Laparoscopy. Austin J Womens Health. 2014; 1: 2.

9. Kutteh WH, Albert T. Mature cystic teratoma of the fallopian tube associated with an ectopic pregnancy. Obstet Gynecol. 1991; 78: 984-986.

10. Tamai K, Koyama T, Togashi K. MR features of ectopic pregnancy. Eur Radiol. 2007; 17: 3236-3246.

11. Agha RA, Franchi T, Sohrabi C, Mathew G, for the SCARE Group The SCARE 2020 guideline: updating consensus Surgical CAse REport (SCARE) guidelines. Int J Surg. 2020; 84: 226-230.