SQUAMOUS CELL CARCINOMA ARISING FROM MATURE OVARIAN TERATOM-THE ROLE OF MALIGNANCY ASSESSMENT TOOLS

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Introduction

Malignant transformation arising from an ovarian dermoid cyst is a rare occurrence, although some studies have reported rates of up to 1-2%. SCC is the most frequent malignancy arising from **mature teratomas** (80%)[3,5]

Differentiation between malignant & benign ovarian mass can be difficult preoperatively both radiologically and biochemically.The mean survival time with ovarian malignancy is significantly improved when managed within a specialised gynaecological oncology service[1].

Case report

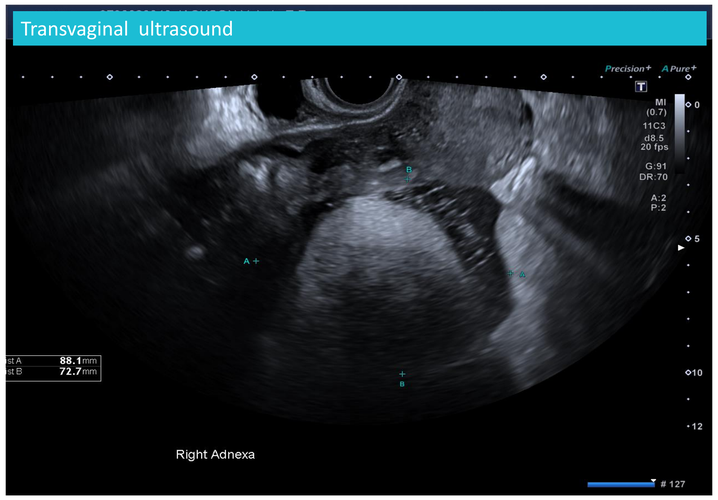
49y/o P0, h/o pelvic pain, bloody PV discharge, and recent fatigue.

O/E: Soft abdomen with fullness in RIF

Preliminary investigations: microcytic anaemia, raised CEA (9) with normal CA125 (32).

Imaging

- **TVUSS abdo/pelvis: (See image)**
  Heterogeneous complex soft tissue mass in right adnexa 9X7CM. No ascites.
- **CT scan abdo/pelvis:** Right adnexal mass 9.9x10x9cm posterior to uterus **pathognomonic** of ovarian teratoma. No evidence of lymphadenopathy. No ascites.



Initial Management

- Surgical referral and normal colonoscopy
- Gynae oncology MDM discussion.
- Proceeded to laparoscopic BSO+adhesiolysis.
- **Intraop findings**: Right adnexal mass adherent to uterus -appearance suspicious of ruptured dermoid cyst with chemical peritonitis. Fixed right ureter.

Further Management

-HISTOPATHOLOGY

STAGE 11B SCC WITHIN DERMOID CYST

-Referred to gynae oncology Belfast and palliative care team.

-Subsequent CT&MRI showed locally invasive disease-Proceeded to completion & debulking surgery:**TAH/recto-sigmoid colectomy/partial caecal resection/Appendicetomy/R ureter & bladder cuff resection+ R ureteric stenting.**

- Post op complications: bladder injury, VVF & protracted recovery period.
- Patient subsequently died under palliative care 7 months after diagnosis.

Discussion & Conclusion

In considering the management of women with ovarian teratomas a detailed medical history & examination is required to identify sinister features. Management should be guided by:

1. The size of the tumour≥10cm being significant[2,3]
2. Patient's age at diagnosis- 45yrs↑ suspicion[3]
3. ↑ CEA in absence of bowel pathology consider SSC antigen testing[2,3] .

A high index of suspicion of malignancy remains essential when considering the results of any diagnostic test.

References

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