

**BILATERAL OVARIAN DERMOID CYST WITH LEFT OVARIAN TORSION IN
PREMENARCHAL GIRL: A CASE REPORT**

Payal Saini* and Jagriti Jangra

Ward no. 16, Saini Colony, Bhadra Hanumangarh Rajasthan India.

*Corresponding Author: Dr. Payal Saini

Ward no. 16, Saini Colony, Bhadra Hanumangarh Rajasthan India.

Article Received on 07/06/2023

Article Revised on 27/06/2023

Article Accepted on 17/07/2023

ABSTRACT

Objective: Ovarian dermoid cyst is the most common neoplasm of the ovary and prevalent in the reproductive years, where they account for 43-70% of all benign ovarian neoplasms. Among complications that can be seen in cystic teratomas major one is torsion, causing severe pain, nausea, and tissue necrosis. In this case report, we present a rare occurrence of bilateral ovarian cyst with left cyst torsion in a 10-year-old adolescent girl. **Case report:** A 10-year-old girl child presented with the symptoms of abdominal pain with complaints of pain abdomen and associated with complaints of vomiting. On CECT there was e/o two cystic dermoid seen in abdomen and pelvis with bilateral ovaries not separately visualized. Exploratory laparotomy proceeded detorsion of left partial rotated ovarian cyst with B/L ovarian cystectomy with B/L ovariopexy done. Histopathological findings are of Mature cystic teratoma of bilateral ovaries with infarction in left ovarian cyst. **Discussion:** The incidence of bilateral dermoid cyst of the ovary is 10%. But there are only a few cases in literature of bilateral dermoid cyst of ovary in young individuals less than 21 years, in our case in a 10 yr old girl. **Conclusion:** Bilateral ovarian cyst teratomas in adolescent girls are quite rare and can lead to torsion of cyst and subsequent effects on fertility.

INTRODUCTION

Mature cystic teratoma is most common benign germ cell tumour, common in among 25-45yr age group. According to the WHO classification, germ cell tumours include mature, immature teratomas, and with malignant transformation.^[1] Childhood ovarian masses represent a heterogeneous group of lesions with many etiologies. Up to 64% of ovarian masses among children are reported to be neoplastic. Less than 20% of such neoplasms are derived from the surface epithelium of the ovary, whereas most of these neoplasms arise from germ cells. Germ-cell tumors show variety of genetic profile.^[2] Oosterhuis et al grouped the ovarian tumors based on their chromosomal abnormalities and presents mature cystic teratomas occur due to numeric abnormalities such as extra X, 7, 12, and 15. Bilateral dermoid cyst in a young, prepubescent female is very rare occurrence and a challenging situation as considerable amount of ovarian stroma must be preserved for menstrual function and future fertility.

CASE REPORT

A 10-year-old girl reported with pain abdomen for 5 days which was sharp and was associated with nausea and vomiting. On examination she was tanner stage 1, with per abdomen examination shows a mass of around 18-20 weeks, tender on deep palpation, lower abdominal tenderness, guarding present.

Patient underwent exploratory laparotomy proceed surgical staging with detorsion of left partial rotated ovarian cyst with B/L ovarian cystectomy with B/L ovariopexy. On exploration Uterus was hypoplastic, with around 200ml of haemorrhagic fluid present, there was evidence of torsion of left ovarian cyst measuring 8x10 cm with twist of one and half turn.

Histopathological findings are of Mature cystic teratoma, bilateral ovaries with infarction in left ovarian cyst.

DISCUSSION

Mature cystic teratoma, a benign germ cell tumor Comprises 10-25% of all ovarian neoplasms. Peak incidence 25-45 years. They are usually unilocular, but can be bilateral in 10% cases, with smooth surface, contains hair and sebaceous material, lined in part by squamous epithelium. There are only a few cases in literature of bilateral dermoid cyst of ovary in young individuals less than 21 years, Ovarian tumors are rarely present in adolescent girls but when present are mostly malignant.^[3] Acute abdominal and pelvic pain is the commonest symptom of a dermoid cyst, and, in 15% of cases, the symptoms are associated with menstrual abnormalities. Mature cystic teratomas are associated with complication like torsion (3-16%; the most common complication), rupture associated with peritonitis (1-4%), malignant degeneration (1-2%).^[4] Surgical intervention is the treatment of choice in case of

torsion, rupture, or hemorrhage of dermoid cysts. For the development of normal puberty and future fertility, conservative ovarian surgery in childhood and adolescence is preferred.^[5]

CONCLUSION

Presenting symptoms of ovarian cyst are non-specific, even the diagnosis of torsion can be delayed, especially where spontaneous detorsion occurs. Teenagers with non-specific symptoms, can raise a high suspicion index for malignancy.

Surgical therapy for symptomatic women or solid tumours is of laparotomy, particularly for torsion and suspected malignant variants.

ACKNOWLEDGEMENT

I would like to give my sincere gratitude to Dr. Kamal Singh, Assistant Professor (OBG) and Dr Nidhi Jindal, assistant professor (OBG), Dr RPGMC Tanda for their constant guidance and support

REFERENCES

1. Bhuiyan HU, Afsana F, Yasmin S, et al. A case of childhood ovarian teratoma. *J Enam Med olC*, 2012.
2. Breen JL, Maxson WS: Ovarian tumors in children and adolescents. *Clin Obstet Gynecol*, 1977; 20: 607
3. Chu SM, Ming YC, Chao HC, et al. Ovarian tumors in the pediatric age group: cases treated over an 8-year period. *Chang Gung Med J*, 2010; 37.
4. Flores G, Lau M. Ovarian masses in adolescent girls. *Contemp Pediatr*, 2010.
5. Gonzalez DO, Minneci PC, Deans KJ. Management of benign ovarian lesions in girls: a trend toward fewer oophorectomies. *Curr Opin Obstet Gynecol*, 2017.