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## Case Report

# Bilateral benign cystic teratoma of ovary concomitant with an occult gall bladder carcinoma in a post-menopausal woman

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## ABSTRACT

Mature cystic teratomas are the most common benign germ cell tumours, and commonly seen in the reproductive age group. It rarely occurs in postmenopausal women. We report a case of bilateral dermoid cyst with cholelithiasis and occult gall bladder carcinoma in a postmenopausal woman.

**Keywords:** Benign cystic ovarian teratoma, Dermoid cyst, Occult gall bladder carcinoma

## INTRODUCTION

Benign cystic teratoma (dermoid cyst) is a bizarre tumour which accounts for 10-20 percent of all ovarian neoplasms. Mature cystic teratomas are the most common benign germ cell tumours, and commonly seen in the reproductive age group.<sup>1</sup> It typically contains diverse tissues including hair, teeth and bone. It develops from a totipotent germ cell that is retained within the ovary. Benign cystic teratoma rarely occurs in postmenopausal women. Gallbladder cancer is unusually seen but can be fatal. It is challenging to diagnose due to its asymptomatic or non-specific clinical presentation. It may accompany cholelithiasis (incidence 1-2%) and incidentally detected by radiologic examination.<sup>2</sup> It is unusual to encounter bilateral cystic teratoma with gall bladder carcinoma. We report a case of bilateral dermoid cyst with cholelithiasis and occult gall bladder carcinoma in a postmenopausal woman.

## CASE REPORT

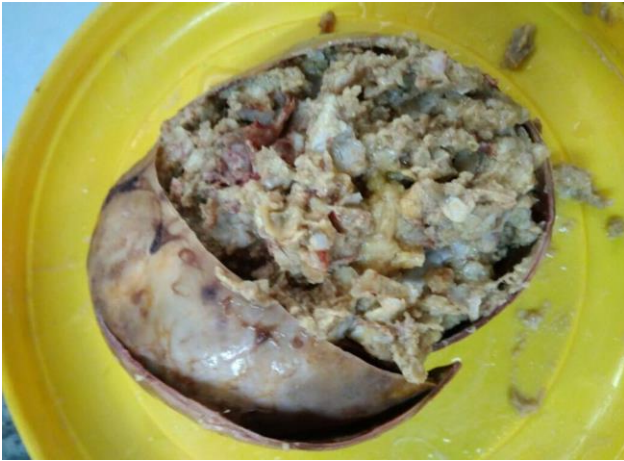
A 74-year-old P2A1L2 postmenopausal obese lady, a known case of systemic hypertension presented with complaints of pain in right upper and lower abdominal pain for one year. The pain was intermittent, dull aching in nature and non-radiating. The general physical

examination was unremarkable. On per vaginal examination a large cystic mass 8x8 cm in size could be felt in right adnexa. The left ovary also seemed to be enlarged 4x4 cm in size.

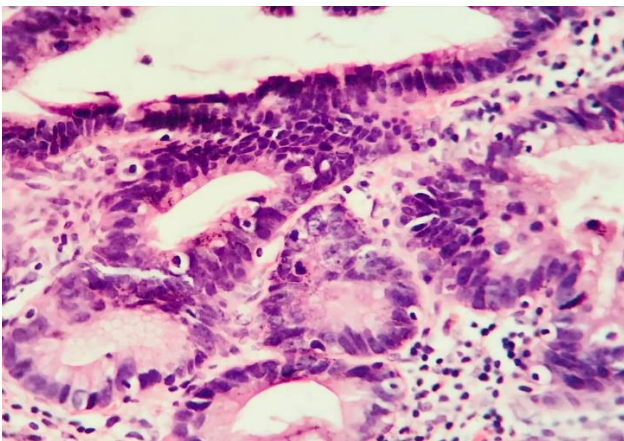
On ultrasound there was cholelithiasis along with a large, predominantly uniformly hyperechoic mass of 10x9 cm in the pelvis suggestive of a dermoid ovarian cyst and another dermoid cyst in the left ovary with size of 4x4 cm. She was taken up for laparoscopic cholecystectomy proceed total abdominal hysterectomy with bilateral salpingo-oophorectomy. Intra-op other abdominal and pelvic organs looked normal. Histopathology revealed gallbladder carcinoma with bilateral mature ovarian teratoma.



**Figure 1: Specimen of uterus and bilateral dermoid cyst.**



**Figure 2: Cut section of ovarian teratoma with sebaceous material.**



**Figure 3: Histopathology of adenocarcinoma of gallbladder with tall columnar cells and hyperchromatic nuclei.**

## DISCUSSION

Mature cystic teratomas constitute 10-20% of all ovarian neoplasms, mostly occurring in second and third decade of life and rarely in post-menopausal women. There are few case reports of gallbladder carcinoma with metastasis to ovaries which has been inadvertently diagnosed as primary ovarian carcinoma preoperatively.<sup>3</sup>

Carcinoma of the gallbladder is an incidental finding in 1% of patients undergoing cholecystectomy because of presenting cholelithiasis. Most gallbladder cancers are adenocarcinoma (incidence 70–90%).<sup>2</sup>

Gall bladder carcinoma is the fifth most common neoplasm of the digestive tract with an overall incidence of 3 per 10000 people. Gall bladder carcinoma is the most common cancer of the biliary tract, yet only one third of gall bladder carcinomas are recognized preoperatively. Gall bladder tumour maybe diagnosed after a routine cholecystectomy for a benign disease and is termed as “occult gall bladder carcinoma.”<sup>4</sup>

Our case is unique and rare where an occult gall bladder adenocarcinoma was found to be associated with cholelithiasis and bilateral dermoid cyst in a post-menopausal lady.

## CONCLUSION

A very rare case of a synchronous combination of bilateral ovarian dermoid cysts with occult gall bladder adenocarcinoma in a postmenopausal lady was successfully managed. A careful clinical workup with complete surgical management and accurate histopathological diagnosis helped in the appropriate management and good outcome of the patient.

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