# A RARE CASE OF HUGE 6.5 kg DERMOID CYST ARISING FROM MESENTERY: A CASE REPORT

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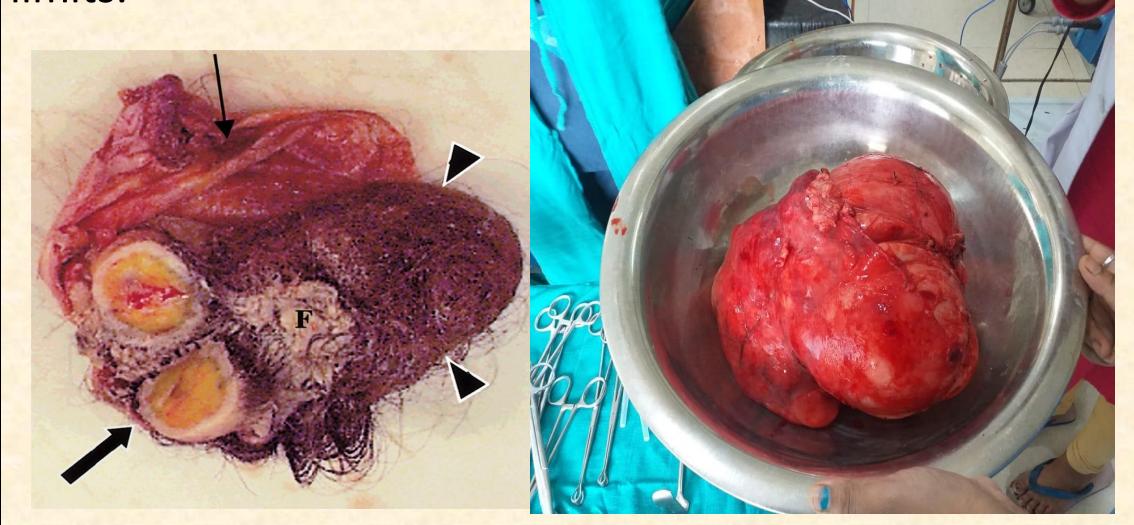
### **□** INTRODUCTION-

- The incidence of dermoid ovarian cyst is 15-20% <sup>3</sup> of all ovarian neoplasm, which is a common entity.
- Mesenteric cyst is one of the very rare entities with incidence of 1 in 2,00,000 & mesenteric dermoid cyst are even rarest of these rarer entity amongst all of the mesenteric cysts with incidence of 1:1,00,000³
- Both mesenteric cyst and mesenteric dermoid cyst have good prognosis<sup>2</sup>.
- •Here, we report a rare abdominal tumor which was initially diagnosed clinically as an ovarian dermoid cyst but finally operative and histology revealed mesenteric dermoid cyst.

## ☐ CASE REPORT-

- A 36-year-old, multipara presented with abdomino-pelvic mass gradually increasing in size since 1 year with recent onset of abdominal pain. She had normal menstrual cycles and normal bowel and bladder habits.
- ➤ Physical examination revealed abdomino-pelvic mass of 26cm\*20cm size, globular, non tender, variegated surface, mobile, cystic to solid in consistency.

Framor markers- AFP, β-HCG, CA-125- all within normal limits.

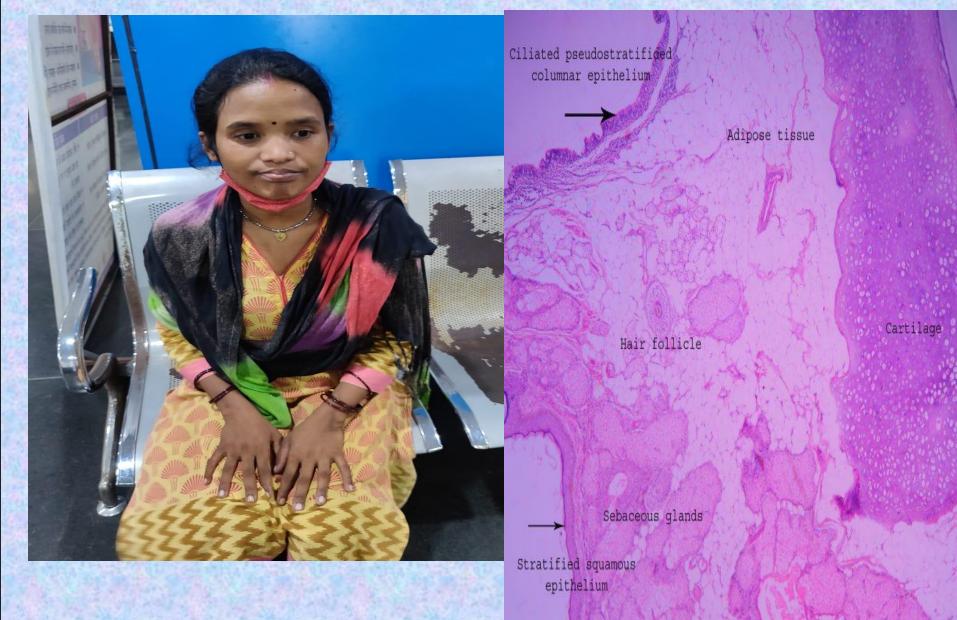


➤ CECT (abdomen and pelvis)- suggested a 14.4\*21\*23.1 cm heterogeneous lesion arising from pelvis showing fatty attenuation and multiple areas of dense calcification, suggestive of teratoma.

Patient was managed

surgically after necessary pre- operative investigations.

Laparotomy findings revealed a huge solid mesenteric mass of 22\*20cm size weighing 6.5 kg. Small bowel & both ovaries were adhered & was separated from mass by fine dissection. Postoperative period was uneventful.



# > HISTOPATHOLOGICAL

**examination** showed mature cartilage, osteoid formation, fibro-adipose connective tissue, focal lymphoid aggregates, congested blood vessels and focal mature neuronal component and no immature elements seen, confirming dermoid cyst.

#### ☐ DISCUSSION-

- ✓ Dermoid cyst, also called mature cystic teratoma are most common primary ovarian neoplasm.
- ✓ Mostly found in 20-40 years.
- ✓ These tumors originate from totipotent germ cells.
- ✓ They are very slow growing, with an average growth rate of 1.8 mm/year in premenopausal women<sup>1</sup>.
- ✓ They are bilateral in 10% cases.
- ✓ Rarely malignant 1.7% of all cases. Squamous cell carcinoma is common<sup>1,2</sup>.
- ✓ Recurrence is found in 3-4% cases¹.
- ✓ Mesenteric dermoid cyst are rare intra-abdominal tumor found most commonly in ileum (60%) next is ascending colon(40%)<sup>3</sup>.
- ✓ However, if a mesenteric cyst locates within the pelvic cavity, as in this case, it may be misdiagnosed as an ovarian cyst.
- ✓ Various sonographic features suggestive of dermoid cyst, include echogenic calcification in a cystic mass, cyst with fat fluid level, hyperechogenic lines and dots².
- ✓ It can be treated by laparoscopy or laparotomy surgeries¹.
- ✓ A conservative surgical approach is required in young patients with the aim to preserve ovarian function.¹
- ✓ Mostly asymptomatic but may present with complications such as torsion(15%), rupture, spillage, peritonitis, squamous cell carcinoma, recurrence. ¹

## > References-

- 1. Mumin Mustaq Ahmed Hakim, Sally Mary Abraham et al. Bilateral dermoid ovarian cyst in an adolescent girl. BMJ case rep 20142.
- 2. Qurieno Deguchy, Ghaneh Fananapazir et al. Benign Rapidly Growing Ovarian Dermoid Cysts: A Case Series. Journal of Diagnostic Medical Sonography2017, Vol. 33(1) 71–743.
- 3 Chandrasekhar Sharanappa Neeralagi1, KR Surag2 Yogesh kumar3Mesenteric Teratoma in ElderlyFemale,10.7860/JCDR/2017/23549.9268.