

## **Ovarian teratoma diagnosis and management: case presentations.**

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### **Source**

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### **Abstract**

#### **BACKGROUND:**

Ovarian teratomas (OTs) may be of mature or immature morphologies. Mature cystic teratomas (MCTs), often referred to as dermoid cysts, are the most common germ cell tumours of the ovary in women of reproductive age. OTs are usually asymptomatic until they reach considerable size. Frequently, ultrasonography is diagnostic. Women requiring surgery for OTs should be appropriately counselled about the risks and benefits of laparoscopic and open approaches.

#### **CASE PRESENTATIONS:**

Case I: An 18-year-old woman presented with hirsutism and irregular menses, both of which reversed after bilateral MCT removal by laparoscopy. Case II: A 47-year-old multigravid woman presented with a large unilateral OT, with a focus of malignancy. Case III: A 19-year-old woman presented with a large unilateral OT associated with gliomatosis peritonei.

#### **CONCLUSION:**

Experienced laparoscopic surgeons should consider laparoscopy as an alternative to laparotomy in management of OT in selected cases. Women younger than 15 years of age or older than 45 years of age who have large, solid teratomas on ultrasound or positive markers for germ cell tumours are at risk for malignant variants, and for these women laparotomy is the preferred approach