RANZCOG Regional SYMPOSIUM 2024 Glenelg
11 - 14 APRIL | STAMFORD GRAND GLENELG

The Case of JG- Struma Ovarii

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Background

Representing less than 1% of all ovarian tumours, Struma Ovarii is a rare variant of mature teratoma with a predominant (>50%) histological component of thyroid tissue. It often presents with nonspecific symptoms and can mimic ovarian malignancy[1]

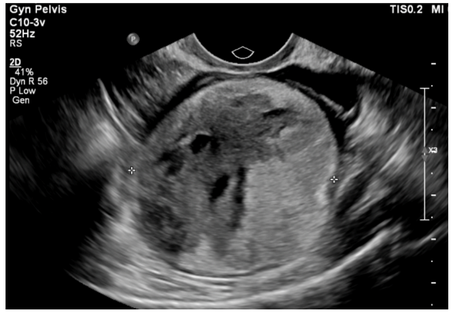
Aims

Outline a case of asymptomatic rare ovarian teratoma

Case

JG a 53 year old G2P2 female with an incidental finding of left ovarian cyst while being investigated for symptomatic pelvic organ prolapse.

USS demonstrated 48x41x46mm cyst with solid components and internal vascularity. CA125 was 15, CEA 1.1, Ca 19.9 4. Risk of malignancy index was calculated as 45 (low risk).



Left ovary demonstrated hyperechoic solid lesion with internal vascularity measuring 48 x 41 x 46 mm. Normal ovary is identified. The appearance was concerning for an ovarian origin malignancy.

Results

JG underwent laparoscopic left salpingo-oopherectomy, right salpingectomy and peritoneal washings. The 5cm ovarian cyst appeared benign at time of surgery. Histopathology demonstrated a fibrocollagenous cyst wall containing thyroid tissue, colloid follicles as well as nested and corded pattern of follicular cells. There was no ovarian parenchyma was seen. JG recovered well from her surgery and follow-up thyroid function tests were normal.

Discussion

Struma Ovarii most commonly presents with non specific pelvic pain or an abdominal mass, or less commonly with ascites or, as discussed in this case, as an incidental finding on imaging. Clinical and biochemical features of hyperthyroidism are uncommon and thus it remains a diagnostic challenge preoperatively.

References

1. Singh P, Lath N, Shekhar S, Goyal M, Gothwal M, Yadav G, Khera P. Struma Ovarii: A Report of Three Cases and Literature Review. J Midlife Health. 2018 Oct-Dec;9(4):225-229. doi: 10.4103/jmh.JMH_53_18. PMID: 30692823; PMCID: PMC6332726.