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Struma ovarii: A case report

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Abstract
Background: Struma ovarii, an ovarian tumor, is diagnosed when >50% of the teratoma is thyroid tissue. Struma ovarii's incidence is <2% of mature teratoma.
Case: We present a rare case report of struma ovarii of a 47-year-old female who presented with incomplete evacuation of bladder and bowel since 2 years. She also complained of dragging pain in abdomen, intermittent radiating to back since last 2/3 years. Her carcino embryonic antigen (CEA) level was 2.56 ng/mL and histologically proved to be struma ovarii.
Results: Single cystic 7 × 4 cm left ovarian mass was diagnosed as struma ovarii.
Conclusion: Struma ovarii though a rare entity should always be kept in mind in a pelvic mass lesion causing discomfort. It is not usually a malignant condition and histopathological examination should be done to rule out struma ovarii.

Keywords: Struma ovarii, histopathology

Introduction
Struma ovarii is a rare and usually unilateral specialized or monodermal teratoma [1]. It is predominantly composed of mature thyroid tissue [2]. It accounts for approximately 5 percent of all ovarian teratomas [3-5]. Struma ovarii is most common between the ages of 40 and 60 years [5]. Women with struma ovarii usually present with pain and/or a pelvic mass and less frequently with ascites. Clinical and biochemical features of hyperthyroidism are uncommon in women with struma ovarii, occurring in less than 5 to 8 percent of cases [4, 6-9].

Case Report
A 47-year-old female ,farmer by occupation and no addictions referred by general practicioner who was G2P2, tubectomised with complaints of incomplete evacuation of bladder and bowel since last 2/3 years and increased frequency and urgency for urination. She had generalised pain in abdomen, dragging in nature, radiating to back, left more than right side intermittently since 2-3 months and bloating sensation in abdomen with pressure on rectum. Pain relieved temporarily on rest and medication from local doctor and aggravated by movement. Patient c/o dysparuenia intermittently. No excessive p/v bleeding, or white p/v discharge.
She was married since 28 years with two alive children and normal menstrual cycles. No significant medical, surgical or family history. On per abdominal examination it was soft, nontender, and mass of 12-14 weeks palpable. firm in consistency, external ballotment absent.
Both ultrasonography and CT-scan report commented as left ovarian neoplasm. Hysterectomy with salpingo-oopherectomy was done and later it was diagnosed struma ovarii (left) by histopathological examination.

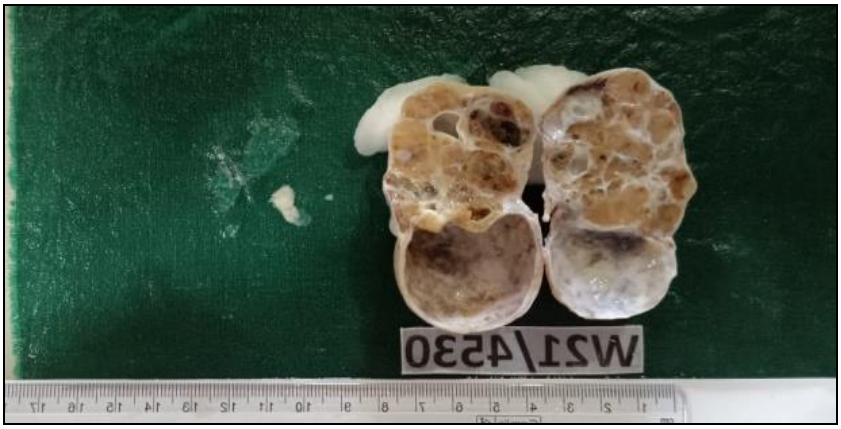

Fig 1: Gross Specimen: Single cystic 7 × 4 cm left ovarian mass

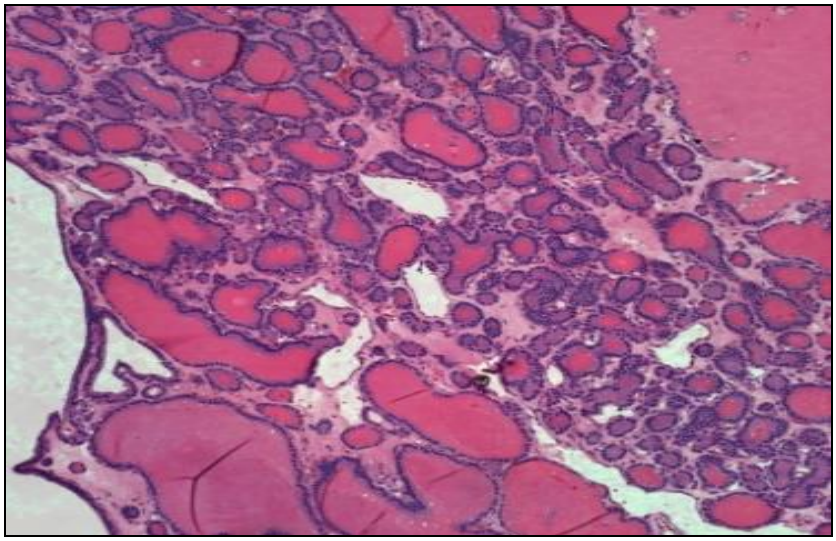

Fig 2: Histopathology: showed thyroid tissue comprised of varying sizes follicles and without any other germ cell origin tissue

Discussion

Struma ovarii is a monodermal teratoma [1]. Struma ovarii accounts for approximately 5 percent of all ovarian teratomas [3-5]. The thyroid gland typically is not enlarged, abdominal pain was present in 20 to 42 percent and a palpable lower abdominal mass in 23 to 58 percent [5, 9]. Struma ovarii cannot be diagnosed on clinical, biochemical or imaging test. Diagnosis is confirmed by Histopathological examination. Microscopically, it shows mature thyroid tissue [2]. Removal of the lesion, commonly by excision is the preferred treatment.

Conclusion

Although it is a pelvic mass lesion and causes discomfort, it is not usually a malignant condition and histopathological examination should be done to rule out struma ovarii.

Consent: A written informed consent was obtained from her for publication of this case report and its accompanying images

Contributors: AA, US: manuscript writing, patient management; RS, SK, SB: manuscript editing, patient management.

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