

Struma Ovarii: Two contrasting cases of a rare ovarian teratoma.

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Introduction

We report two cases of Struma Ovarii (SO), describing the clinicopathological features, treatment and management in each case. We aim to increase awareness of SO and highlight it's ability to mimic malignancy.

Case 1

- 61yo, presented with urinary retention.
- MRI: 11cm complex cystic lesion in pelvis with internal nodular enhancement, T1 hyperintensity + T2 hypointensity. (Fig. 1)
- Ca125 = 43.
- MDT recommendation - suspicion of malignancy so staging surgery with TAH, BSO & Omentectomy advised

Case 2

- 16yo, presented with pelvic pain and distension
- MRI: 19cm multiseptated suspicious ovarian mass, mixed signal intensity extending into upper abdomen (Fig 2)
- Ca125 = 66.
- MDT Outcome: malignancy could not be excluded therefore fertility sparing staging surgery with cystectomy (Fig.3)

*Histopathological assessment described SO in both cases, Fig 4.
Post-operative course was uncomplicated and both cases had normal TFTs.*

Discussion & Conclusion

- 1.SO is a rare monodermal ovarian teratoma, characterised by thyroid tissue composition of >50%.
- 2.<1% of all ovarian tumours and < 5% of ovarian teratomas
- 3.Largely benign disease, <5% are malignant (in which case involvement of ENT specialists is required)
- 4.Preoperative diagnosis is difficult and patients may have more extensive surgery than required.
- 5.Typical MRI appearance of multiple cystic areas with low signal intensity on T2 weighted imaging and intermediate signal intensity on T1. An isolated ovarian cyst with a large solid component may also be suggestive.
6. Serum thyroglobulin may aid the diagnosis and it is also prudent to test for hyperthyroidism

We hypothesise that by increasing awareness and encouraging description of these rare cases, a standardised approach to diagnosis and management could be codified and prevent radical treatment in future cases.

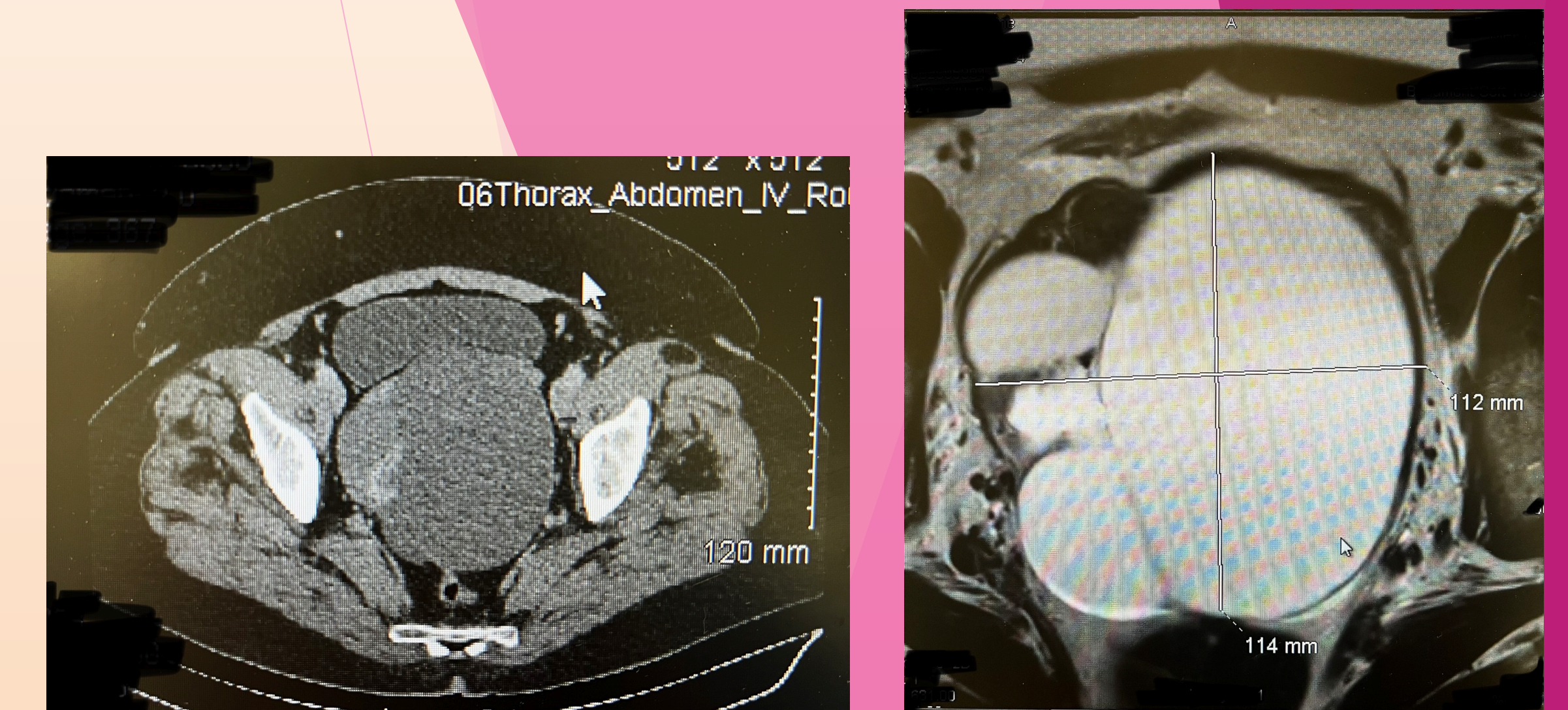


Figure 1. Case 1, CT AP and MRI findings

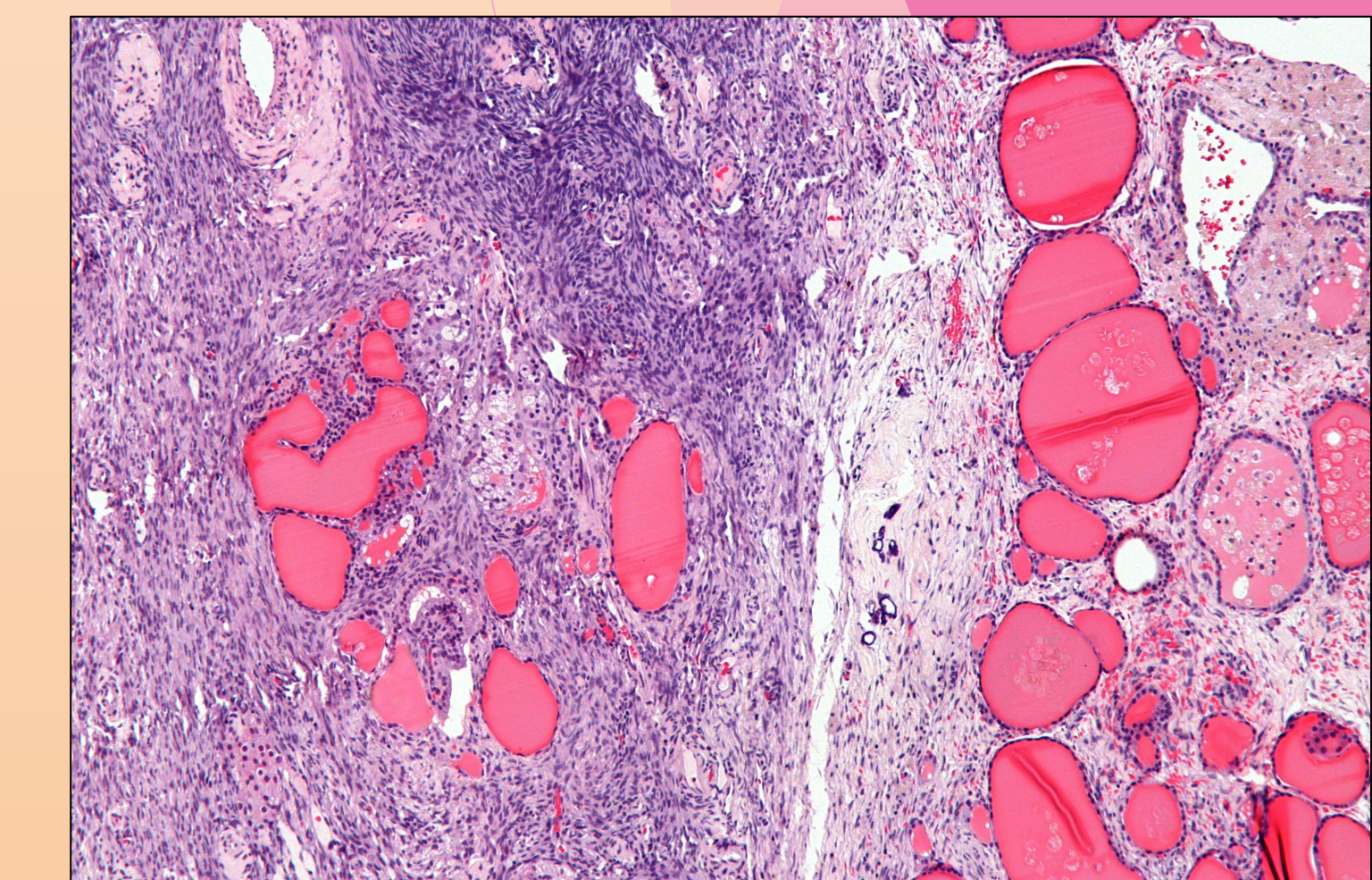


Fig. 4 Histology

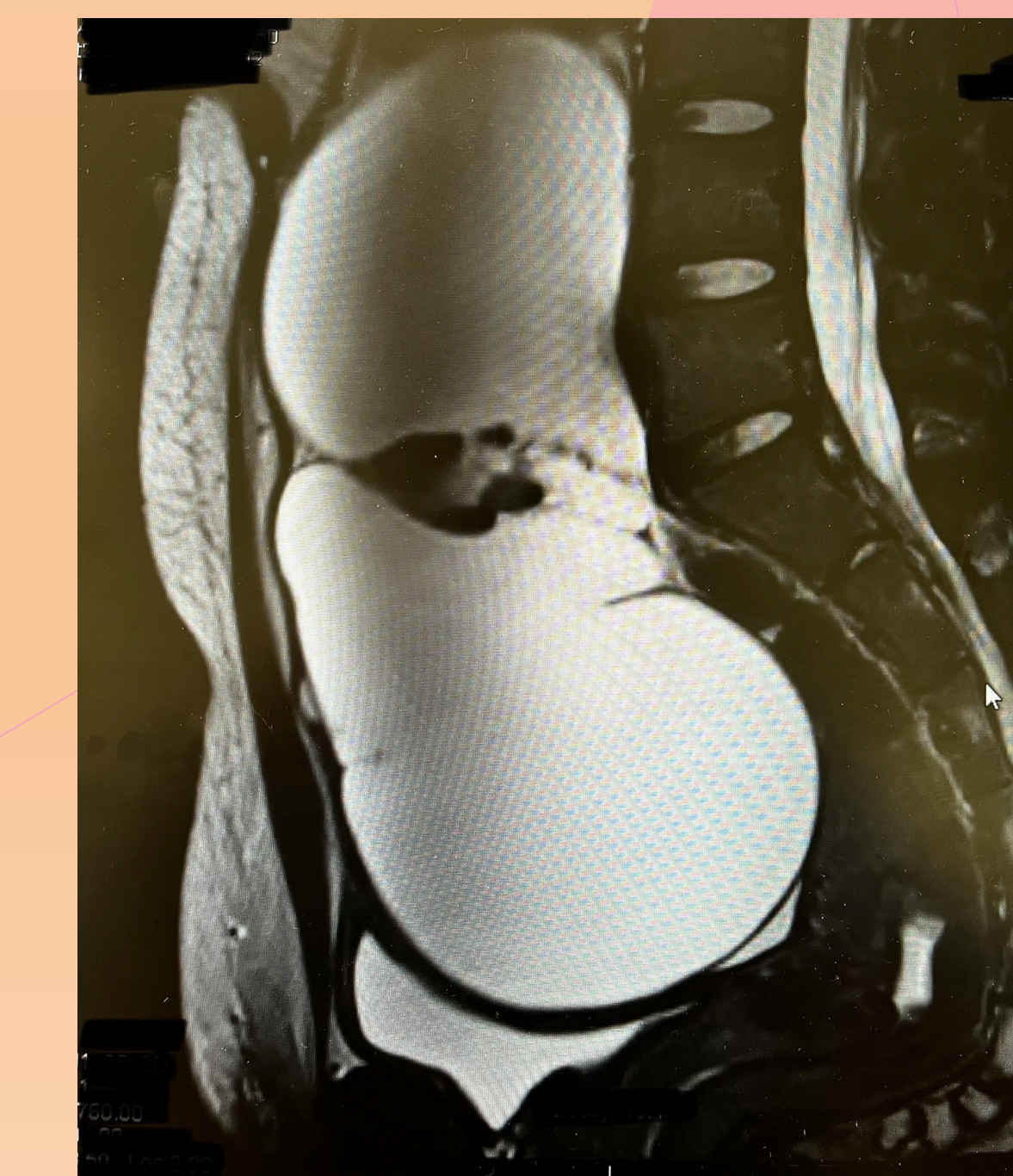


Fig. 2



Fig. 3