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The malignant transformation of a dermoid cyst: A case report

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The question of whether patients with squamous cell carcinoma in a mature cystic teratoma should undergo conservative surgery or post-operative adjuvant treatment remains unresolved. Ovarian cancer is the second most common malignancy of the lower part of the female genital tract, occurring less frequently than cancers of the endometrium but more frequently than cancers of the cervix. Germ cell tumors are the second most frequent type of ovarian neoplasm and account for approximately 10-20% of all ovarian tumors. The most frequent germ cell tumor is the mature cystic teratoma; overall, only 2% to 3% of germ cell tumors are malignant and more than 80% of malignant transformations are squamous cell carcinomas arising from the ectoderm. There are currently no reliable procedures for the early detection of ovarian cancer. Available potential screening techniques have included pelvic examination, ultrasound examination, serum CA-125 determination and other tumor markers. There is no established definitive treatment protocol available due to lack of research on this rare case, thus frozen section of the affected ovary is imperative in dermoid cysts to ensure that it is benign. Frozen sections are utilized mainly to aid in the differentiation of benign from malignant disease. Determining the type of tumor and extent of surgery is very important in gynecologic oncology. In this report, we present a rare case of a mature cystic teratoma, which was found to be malignant on frozen section with intraoperative stage I-A, and therefore managed by cytoreductive surgery followed by chemotherapy.

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