

## Rectal fistula due to ovarian teratoma

We present a rare case of ovarian teratoma involving both the rectum and the urinary bladder.

A 23-year-old woman presented with lower abdominal pain for 5 years, passing hairs in her stools for 18 months, and passing hairs in her urine and increased frequency of micturition for 4 months. On clinical examination, no mass was palpable. Abdominal ultrasound revealed a left adnexal echogenic lesion involving the urinary bladder. Examination of the urine revealed pus cells.

A computed tomography (CT) scan of the abdomen showed a 4.0×5.6×4.2-cm, ill-defined mass with specks of calcification that was protruding into the bladder cavity through its left posterior wall (● Fig. 1). The mass also had air specks within it and was adherent to the rectosigmoid colon, as shown by loss of the fat plane. Colonoscopy showed a growth that had a tuft of hair protruding into the lumen at 15 cm from the anal verge (● Fig. 2).

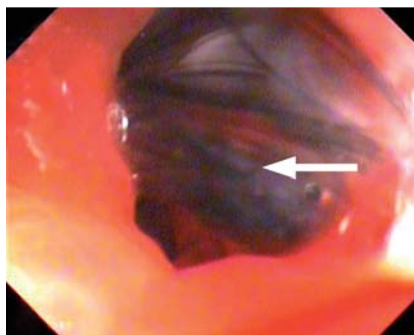
Intraoperative findings included a 5×4×3.5-cm left ovarian mass that was invading the urinary bladder anteriorly and the rectosigmoid colon posteriorly. A left ovarian teratoma was excised (● Fig. 3). The defects in the urinary bladder and colon were closed primarily. Histopathology of the resected specimen revealed a mature ovarian teratoma. The patient has been followed up regularly for the last 6 months.

Complications of ovarian dermoids include torsion (16%), rupture (1%–4%), malignant transformation (1%–2%), infection (1%), and invasion into adjacent viscera (<1%) [1]. The bladder and rectum are the organs most commonly involved when spontaneous rupture into adjacent viscera occurs [2–4]. Patients with rupture of a dermoid cyst into the bladder may present with complaints such as pili-mictition (passage of hair in the urine) or passage of other material from the dermoid cyst [5].

The formation of fistulas with the urinary bladder and the rectum in the same patient is a very rare complication of ovarian dermoid cysts. To the best of our knowledge, such a case has not been previously reported.



**Fig. 1** A computed tomography (CT) scan in a 23-year-old woman with a long history of abdominal pain showing a left adnexal mass with air specks (red arrow) that was involving the left posterior wall of the urinary bladder (black arrow) and the wall of the rectosigmoid colon (white arrow).



**Fig. 2** Colonoscopic view of the lesion found 15 cm from the anal verge that had a tuft of hair (black arrow) protruding into the rectum.



**Fig. 3** Macroscopic appearance of the resected specimen showing the hair on the surface of the lesion consistent with the diagnosis of an ovarian teratoma.

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**Competing interests:** None

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