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 dermoid cysts 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 pilgrimiction (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.

Endoscopy_UCTN_Code_CCL_1AD_2AG

Competing interests: None

R. Singh1, S. Joshi1, H. Hatimi1, P. Somani2, P. Rath2, R. M. Joshi1
1 Department of General Surgery, T N Medical College & B Y L Nair Ch Hospital, Mumbai, India
2 Department of Medical Gastroenterology, T N Medical College & B Y L Nair Ch Hospital, Mumbai

References

Bibliography
DOI http://dx.doi.org/10.1055/s-0032-1309394
Endoscopy 2012; 44: E260
© Georg Thieme Verlag KG Stuttgart · New York ISSN 0013-726X

Corresponding author
R. Singh, DNB
101-B Cosmos Apartments
3rd Cross Lane
Lokhandwala Complex
Andheri W
Mumbai 400053
India
Fax: +91-22-23072663
drrajinder@gmail.com

Singh R et al. Rectal fistula due to ovarian teratoma... Endoscopy 2012; 44: E260