A 41-year-old woman (gravida 2, para 2) was admitted to hospital with intermittent abdominal pain which she experienced during defecation. Her medical history was uneventful. Colonoscopy revealed a hyperemic, polypoid mass with a stalk, 15 cm from the anal verge (Figure 1); computed tomography revealed a right ovarian mass that was continuous with the intraluminal lesion in the sigmoid colon. At surgery, a right ovarian mass was identified which was adhering to the sigmoid colon and to the pelvic peritoneum on the right side. Right salpingo-oophorectomy and an anterior resection with a colorectal anastomosis were performed. The resected specimen included a pedunculated polyp of the sigmoid colon, which was continuous with an ovarian mass (Figure 2). The length of the polyp stalk was 1.8 cm. The pathologic diagnosis was a benign mature cystic teratoma, which was continuous with an ovarian mass (Figure 2). The length of the polyp stalk was 1.8 cm. The pathologic diagnosis was a benign mature cystic teratoma, which had ruptured into the adjacent colon and had revealed the presence of hair or teeth in the mass and polypoid masses extending into the rectum [2]. In the present case a right ovarian teratoma had ruptured into the colon and appeared as a pedunculated polyp on colonoscopy examination. It is important to distinguish between primary rectal teratomas and protruding ovarian teratomas. The majority of primary rectal teratomas feature pedunculated polyps protruding into the rectal lumen which have arisen as a result of the peristaltic movement of the bowel [3], and can be removed endoscopically [4]. A pedunculated polyp extending into the rectum from an ovarian teratoma is an extremely rare occurrence and one which requires surgical treatment.

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References

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