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 pathological diagnosis was a benign mature cystic teratoma which had ruptured, leading to the formation of a colonic fistula 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.

References

Corresponding Author
J.-G. Park, M.D.
Department of Surgery
Seoul National University College of Medicine
28 Yongondong
Chongno-gu
Seoul 110-744
Republic of Korea
Fax: +82-2-742-4727
E-mail: jgpark@plaza.snu.ac.kr

DOI: 10.1055/s-2006-944869