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 which had subsequently protruded into the colonic 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

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DOI: 10.1055/s-2006-944869