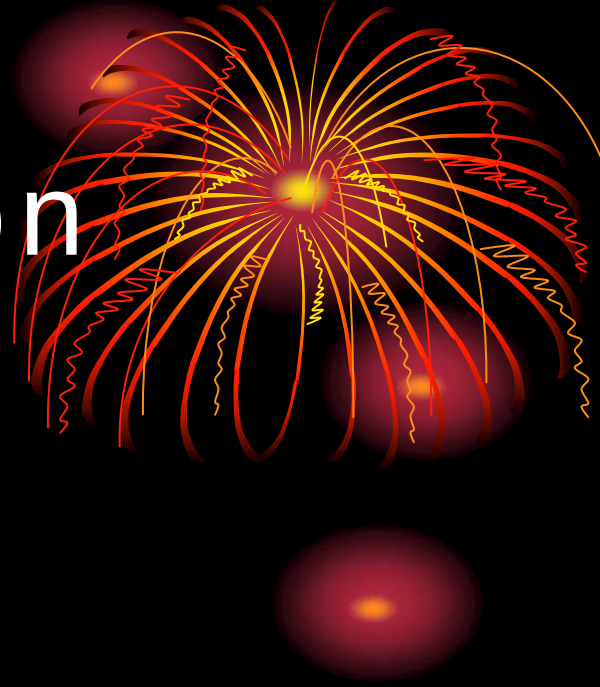
Patient Information



- Age: 8 y/o
- Sex: Female

- Date of Admission: 92-10-08
- Date of Discharge: 92-10-18

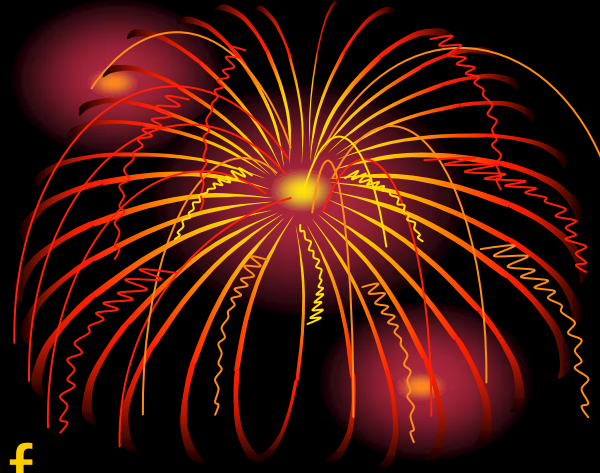
Chief Complaint

- Severe admominal pain and vomiting with dysuria since last afternoon

Present Illness

- Lower intermittent abdominal pain and constipation for one month
- Pain localized at anterior and left side without radiation, relieved after enema used or after voiding
- Brought to our ER this morning due to severe abdominal pain, vomiting and poor urination
- Denied fever, trauma history, frequency, or urine retention

Present Illness



- Under the impression of abdominal mass or neurogenic bladder, she was admitted for further evaluation and management

Past History

- Pneumonia on 89-7-14~7-20

Physical Examination

- HEENT: Grossly normal
- Chest and Heart: Clear BS with RHB
- Abdominal:
  - Flat, Soft
  - Palpable mass on mid-lower abdominal (Size: 10*8cm, soft, round mass)
  - Mild tenderness, Mild rebounding pain
  - Normo-active bowel sound
- Extremities: Freely movable, No edema
- Back: No knocking pain

Laboratory Data

生化檢查

取樣日期 921008 921011

r-GT(血) [8-87 IU/L] 10

LDH(血)[135-225 IU/L] 206

血清免疫

取樣日期 921011

AFP(血) [<12 ng/ml] <0.54

CEA(血) [<4.6 ng/ml] <0.20

CA125(血) [<35 U/ml] 22.75

血液檢驗

取樣日期 921008 921015

WBC [5.2-12.4 x10.e3/uL] 10.27	HYPER +
RBC [4.2-6.1 x10.e6/uL] 4.39	%NEUT [40-74 %] 73.6
HGB [12-18 g/dL] 13.8	%LYM [19-48 %] 21.2
HCT [37-52 %] 36.8	%MONO [3.4-9.0 %] 2.2
MCV [80-99 fL] 83.8	%EOS [0-7 %] 0.5
MCH [27-31 pg] 31.5	%BASO [0-1.5 %] 0.6
MCHC [33-37 g/dL] 37.5	%LUC [0-4 %] 1.9
RDW [11.5-14.5 %] 11.8	LSHIFT +
PLT [130-400 x10.e3/uL] 279	Blood grouping(血) A
MPV [7.2-11.1 fL] 6.2	Rh type(血) +

Laboratory Data

尿液檢驗

取樣日期 921007

SP.Gr. 1.028	RBC 3-5
PH 6.5	WBC 1-3
Protein -	Epithel 0-1
Sugar -	Cast -
Ketone 3+	Crystal -
Bilirubin -	Bacteria -
Occult Blood 2+	COL P.YEL
Nitrite -	WBC 1+
Urobilinogen 0.1	

細菌檢查

取樣日期 921011

Urine culture No Growth

急診生化

取樣日期 921008

Glucose(血)2[80-140 mg/dl] 65	CRP [0.1-1.0 mg/dl] <0.14
BUN(血) [7-18 mg/dl] 19	Na(血)[135-158 meq/L] 141.0
Creatinine(血)[0.5-1.3 mg/dl] 0.5	K(血)[3.5-5.3 meq/L] 3.50
Amylase(血) [35-125 U/L] 64	Ca (血)[8.4-10.2 mg/dl] 10.1

不孕症檢查

HCG(血) <0.5

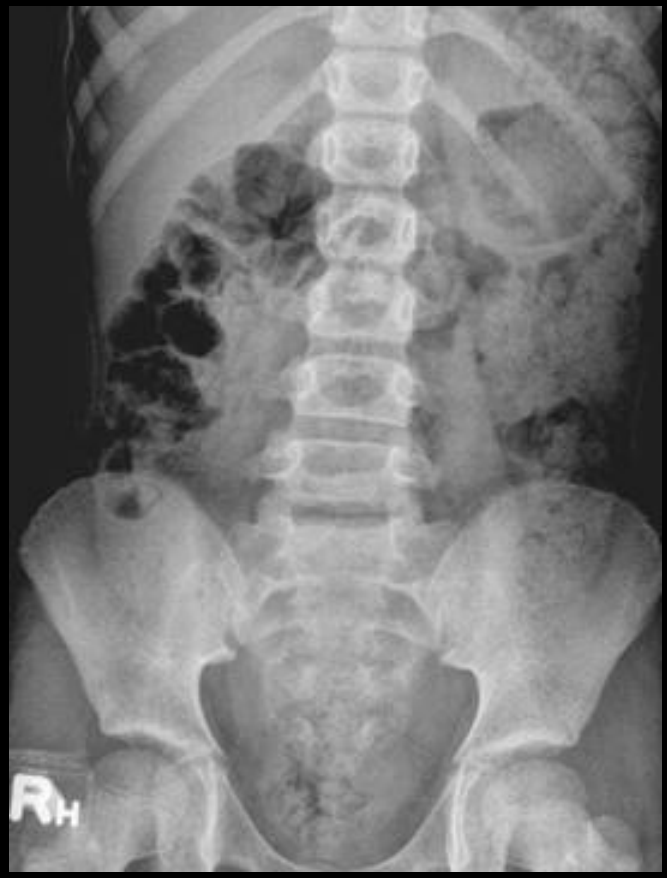
Sonography Study

- 92-10-08 Abdominal Sonography
  - Urinary Bladder marked distention (after urination) with thickened wall (4.5mm)
  - Impression
    - Cystitis
    - Distended urinary bladder, r/o Neurogenic bladder

Sonography Study

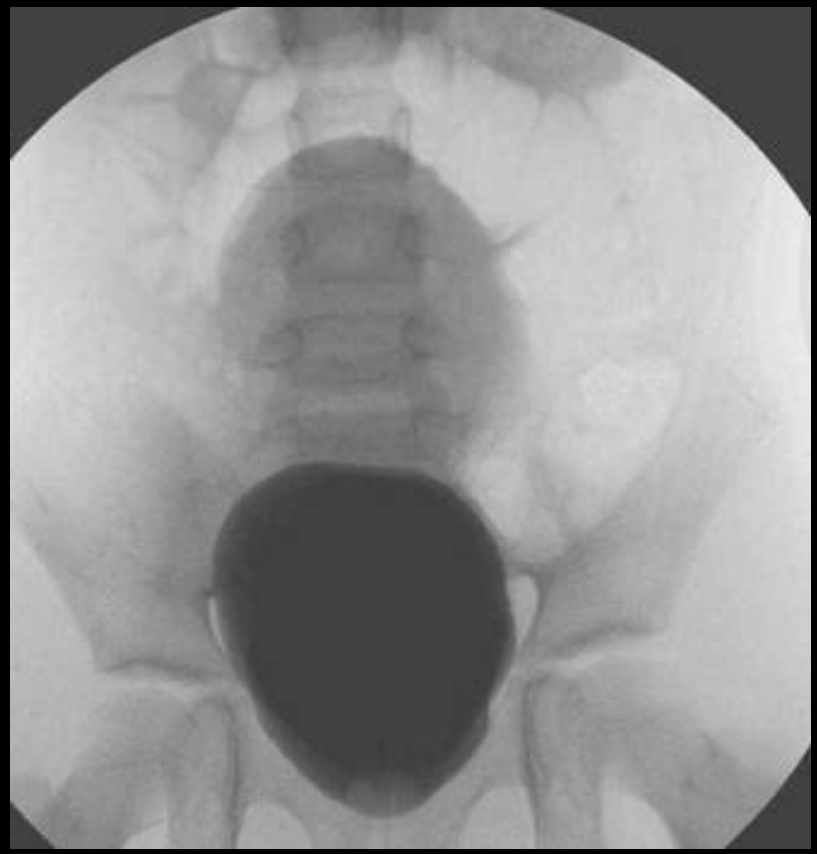
- 92-10-14 Abdominal Sonography
  - Mild thickened UB wall (0.4cm)
  - A giant cystic lesion (7.2*5.0cm) above UB was noted
  - Residual urine: 20 c.c.

KUB 92-10-07



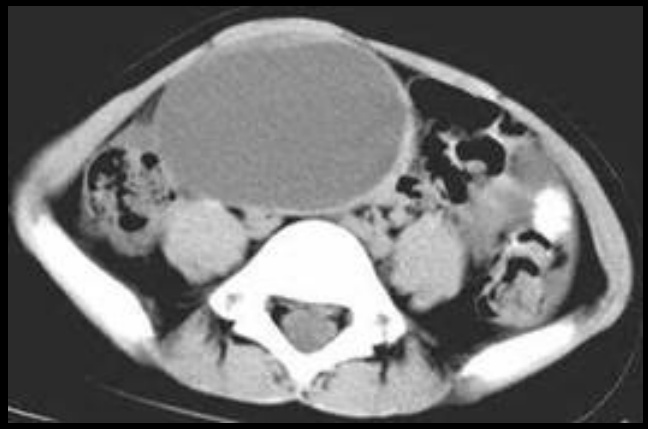
- Fecal material distension of abdominal-pelvis may obscure possible pathology
- Nonspecific gaseous pattern of bowel.

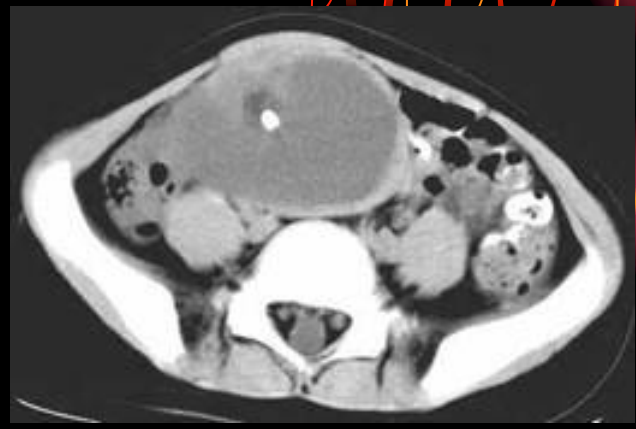
V.C.U.G 92-10-09



- A well defined soft tissue mass is noted in the lower abdominal cavity just above the urinary bladder
- Well expansion of the bladder
- Lower abdominal mass, Suggest CT scan for correlation

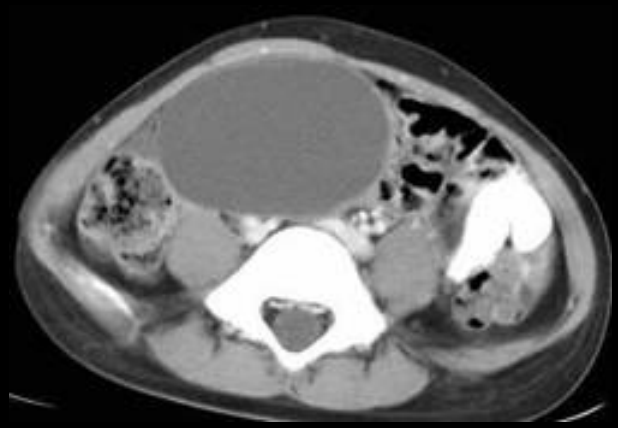
CT pre-enhancement 92-10-09

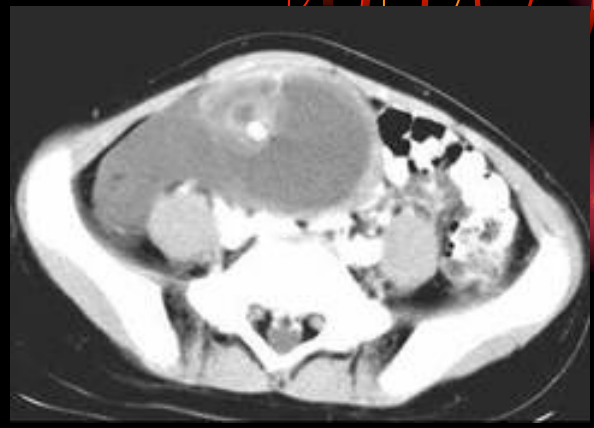




- a large, relatively well-defined cystic mass
- small fat and calcified components (tooth-like calcification) within the mass

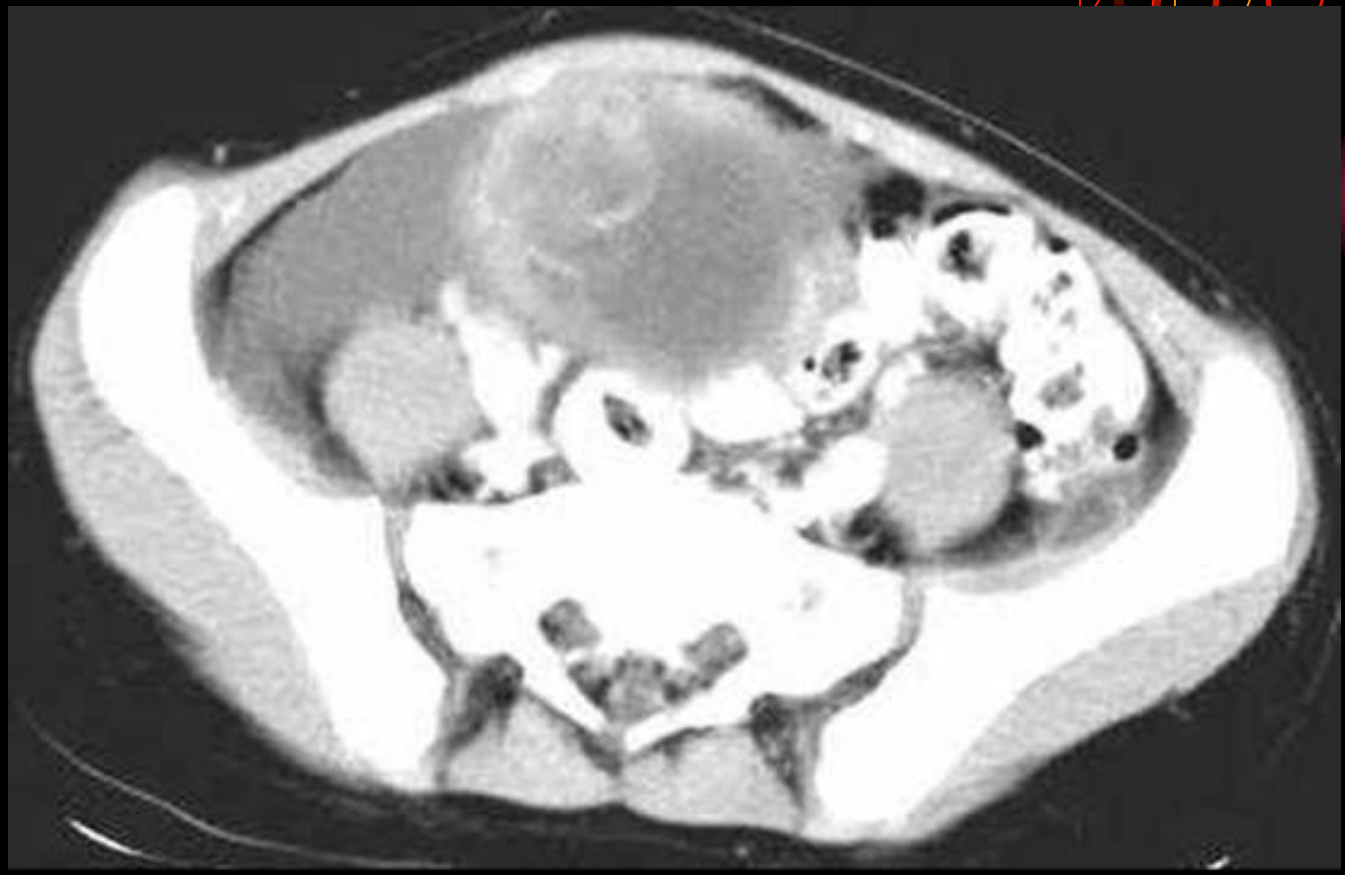
CT post-enhancement 92-10-09



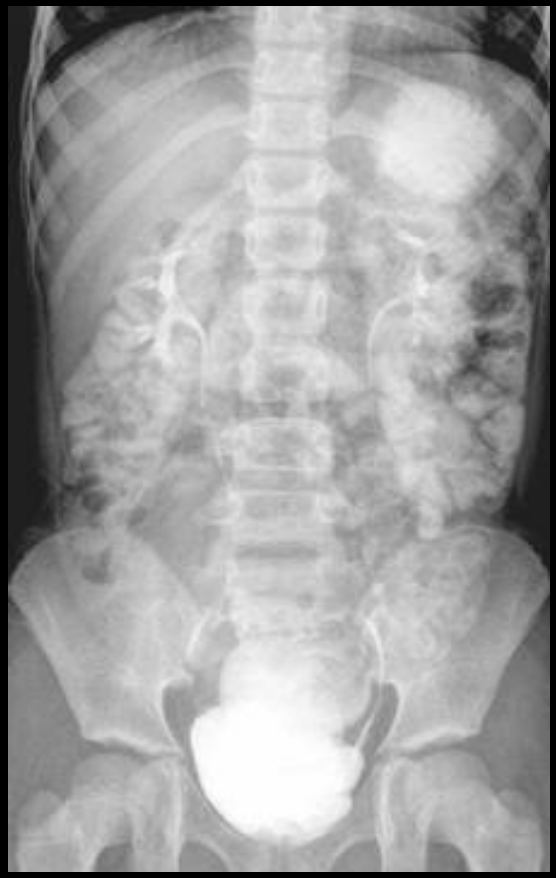


- a large, relatively well-defined cystic mass (measuring approximately 5.4 cm x 7.9 cm in dimension) with enhanced soft-tissue components at its central part and peripheral part located at the rt anterior-middle abdominal cavity.
- small fat and calcified components (tooth-like calcification) within the mass is also noted

CT post-enhancement 92-10-09

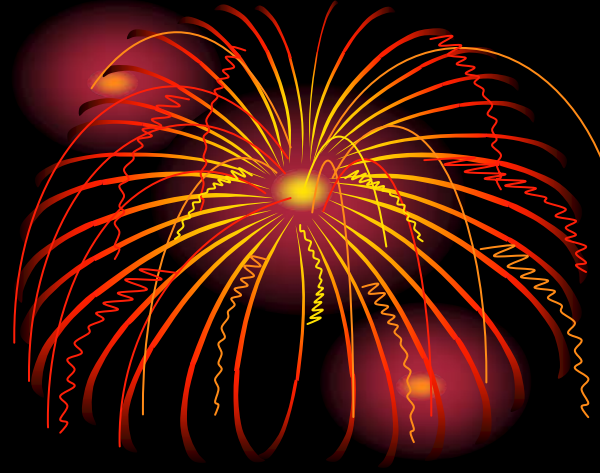


KUB post-CT 92-10-09



- Negative of the abdomen.
- Contrast medium retention in the collecting system.
- Well expansion of the bladder, but deformity?

Image Summary



- KUB on 92-10-07
  - Fecal material distension of abdominal-pelvis may obscure possible pathology
- V.C.U.G on 92-10-09
  - A well defined soft tissue mass is noted in the lower abdominal cavity just above the urinary bladder
  - Impression: Lower abdominal mass, Suggest CT scan for correlation

Image Summary

- CT pre- and post enhancement on 92-10-09
  - a large, relatively well-defined cystic mass (measuring approximately 5.4 cm x 7.9 cm in dimension, CT value of 24 HU) with enhanced soft-tissue components at its central part and peripheral part located at the rt anterior-middle abdominal cavity.
  - small fat and calcified components (tooth-like calcification) within the mass is also noted.
  - Impression: large intra-abdominal teratoma

Image Summary

- KUB post-CT on 92-10-09
  - Contrast medium retention in the collecting system.
  - Well expansion of the bladder, but deformity?

Differential Diagnosis

- Ovarian teratoma
  - Most Likely!!
- Bladder cyst
  - not correlate with the image findings
- Bladder tumor
  - not correlate with the image findings

Impression

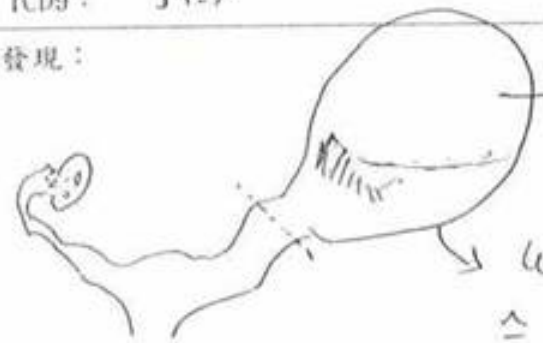
- Left Ovarian teratoma

Operation

手術術式: Ovarian resection, left

手術 ICD9: 54.4

手術發現:



→ cystic component

left ovarian tumor

≒ 5 cm in ϕ

heterogenous content, soft

No adhesion to surrounding tissue

abdominal wall closure in layers

性別: ♂ 手術醫師簽名: 吳志雄

Pathological Findings

- Diagnosis
  - Ovary, left, oophorectomy, mature cystic teratoma with focal hemorrhage
- Microscopically
  - it shows a picture of mature cystic teratoma predominantly lined by skin and focally by simple ciliated epithelium.
  - Many hairs, sebaceous glands, and some mature brain tissue are seen.
  - Focal hemorrhage is noted.

Discussion

OVARIAN GERM CELL TUMORS

OVARIAN GERM CELL TUMORS

- Fewer than 5% of all ovarian tumors are germ cell in origin
- include teratoma, dysgerminoma, endodermal sinus tumor, and embryonal carcinoma
- Germ cell tumors of the ovary generally occur in younger women (75% of ovarian malignancies in women < 30)

OVARIAN GERM CELL TUMORS

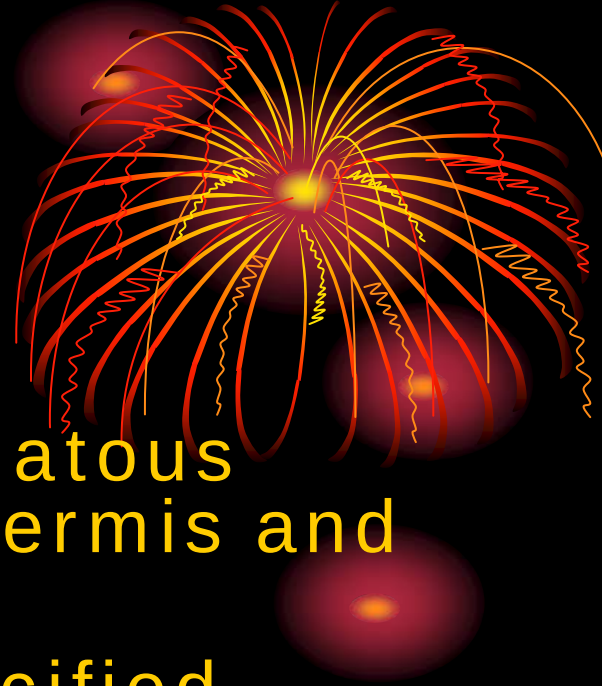
- unusually aggressive natural history, and are commonly cured with less extensive nonsterilizing surgery and chemotherapy
- Women cured of these malignancies are able to conceive and have normal children

OVARIAN GERM CELL TUMORS

- These neoplasms can be divided into three major groups:

1. benign tumors (usually dermoid cysts)
2. malignant tumors that arise from dermoid cysts
3. primitive malignant germ cell tumors including dysgerminoma, yolk sac tumors, immature teratomas, embryonal carcinomas, and choriocarcinoma.

Dermoid cysts (Teratoma)



- Dermoid cysts are teratomatous cysts usually lined by epidermis and skin appendages.
- often contain hair, and calcified bone or teeth can sometimes be seen on conventional pelvic x-ray.
- almost always curable by surgical resection.
- Approximately 1% of these tumors have malignant elements, usually squamous cell carcinoma.

- Thanks for Your Attention!!