

**CASE REPORT: BILATERAL OVARIAN TERATOMAS**



**Fig. 1 (Axial)**

**Fig. 2 (Axial)**

**Fig. 3 (Coronal)**

**Fig. 4 (Sagittal)**

**CLINICAL PRESENTATION:** This is a 45-year-old female who presented with adnexal masses. A CT of the pelvis with contrast was obtained at AIC referred by **Dr. Bansi Vora, MD (OB/GYN)**.

**IMAGING FINDINGS:** **Fig. 1 & 2** are axial cuts, **Fig. 3** is a reformatted coronal image, and **Fig. 4** is a sagittal image through the pelvis. They show two right sided (7 and 4 cm) and one left-sided (5 cm) adnexal masses (yellow arrows). The right lower mass has a calcification or a density resembling a “tooth” (red arrow). The masses have fatty content and soft tissue content.

**DIAGNOSIS:** These findings are compatible with bilateral ovarian teratomas and/or dermoids.

**DISCUSSION:** Teratomas contain several cell types of up to 3 germ cell layers. They may include fat, teeth, hair, skin, muscle and endocrine tissue. Ovarian teratomas are bilateral in 15% of the cases. Dermoids are cystic teratomas (the term dermoid comes from the skin-like or dermis-like lining of some teratomas). On MRI, fat suppressed techniques (such as STIR or Fat Sat) may reveal the fatty content as well. Calcifications are better seen by CT. Ultrasound shows cystic component nicely but not the fatty tissue as well.

**COMPLICATIONS/TREATMENT:** Complications include ovarian torsion, rupture with secondary chemical peritonitis, and rare malignant degeneration (about 2%). Laparoscopic resection is recommended.

Please do not hesitate to call me with any questions.

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