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Cancerization of an Ovarian Cyst into Sebaceous Carcinoma: Report of a Case

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Abstract **Case Report**

Cancerization of a cystic teratoma into sebaceous carcinoma is an extremely rare phenomenon. The clinical and radiological aspects are not very specific. We report a case discovered in a 77 year old female patient. Confirmed by anatomopathological examination after excision of the tumor.

Key words: Carcinoma, tumor, Malignant transformation.

INTRODUCTION

Malignant transformation of one or more of the components of the teratoma is rare, it concerns 1 to 3% of mature cystic teratomas [1].

Sebaceous carcinoma is a type of skin cancer. Sebaceous carcinoma develops from specialized cells called sebocytes in the dermis and subcutaneous tissue of the skin. Cancer cells produce an oily substance called sebum that often makes the tumor appear yellow [2].

The clinical and radiological presentations of the malignant transformation are devoid of specificity, the diagnosis is often made after definitive histological study of the surgical specimen. We report an observation of a sebaceous carcinoma developed on a cystic teratoma of the ovary in a 77 year old patient.

PATIENT AND OBSERVATION

Patient Information:

This is Mrs. de F Z aged 77, mother of five children all delivered vaginally, menopausal for more than 20 years. Admitted for chronic pelvic pain.
Background
Medical: unremarkable.
Surgical: never operated on.
Gynecology: menarche at the age of 13, menopause for 20 years.
Obstetrics: G5P5 5 living children delivered vaginally. Concept of taking oral contraception for 7 years.
Family: unremarkable.

Clinical Results: Clinically, the patient is hemodynamically and respiratory stable.

Gynecological Examination:
Normal hair, vulva and perineum without visible abnormality or malformation.
Speculum: cervix with macroscopically normal appearance, no bleeding or pathological leukorrhea.
Vaginal Touch + Palpation: soft cervix, no palpable mass, slight tenderness in the cul de sac of Douglas.
The examination of the other devices is unremarkable.

Therapeutic Intervention and Follow-Up
Abdominal Thoracic and Pelvic Scan:

- Inter-utero-rectal mass with triple fatty, fleshy and parietal calcified component
- A hydatid cyst to be mentioned first
- Possibility of an ovarian origin is not completely refuted

The patient underwent an exploratory laparotomy with a right adnexectomy removing the mass.

Anapath Result
Cystic teratoma in malignant transformation of the ovary requiring an immunohistochemical study.
IHC from 01/24/2023 at the University Hospital
Histological and immunohistochemical appearance of a teratoma cancerized into sebaceous carcinoma.

The patient then underwent lapatotomy to complete the procedure, during which a total hysterectomy with left adnexectomy was performed.

DISCUSSION

Approximately 1 to 2% of mature teratomas transform into cancer and this association represents only 0.17 to 1% of all ovarian carcinomas [3].

Mature cancerous teratoma is defined as a dermoid cyst in which a carcinoma develops on one of its mature components [4]. More than 75% of dermoid cysts become cancerous in the postmenopausal period, with an average age of 54 years [5, 6]. In our case, the patient is 77 years old, above the average age of diagnosis.

The evolution of immature teratomas is marked by very rapid tumor growth. The extension is then mainly locoregional, responsible for peritoneal invasion, requiring a capsular breach. Secondary lesions of immature teratomas are described in the form of superficial, firm granulations of grayish or yellowish color that can be found throughout the abdominopelvic peritoneum, sometimes on the greater omentum or other organs such as the liver. These metastases are generally in an immature form. The specific evolution of implants is poorly understood. They may remain asymptomatic and stable, unresponsive to chemotherapy or undergo fibrotic regression. Glial or teratomatous degeneration is exceptional. Therapeutically and according to the French Cancer Society 2013, the treatment of immature teratomas is divided into two parts, surgical treatment followed by chemotherapy depending on the histological grade. Surgical treatment is always conservative and aims at 3 objectives: diagnostic (histology), therapeutic (removal of the tumor), and determination of the stage of extension, so we recommend an initial surgery during which we perform at least a unilateral adnexectomy , a complete exploration of the pelvis and the entire abdominal cavity, peritoneal washing and/or sampling of any ascites, systematic multiple peritoneal biopsies including at the level of the omentum and sampling of any suspicious element. For lymph node dissection, there is no indication for systematic pelvic and lumbo-aortic dissection in the absence of lymph node anomaly, and a sample will be taken in the event of an anomaly visible on the scanner or palpable during surgical exploration. For the contralateral ovary, careful inspection is required, and a biopsy is recommended by some authors; there is no indication for systematic bilateral adnexectomy. For the uterus there is no room for a hysterectomy [7, 8].

CONCLUSION

Malignant transformation of a teratoma is a rare phenomenon. The prognosis closely depends on the clinical stage and histological type. The standard treatment remains surgery with excision of the tumor sometimes followed by chemotherapy.

Conflict of Interest: The authors declare no conflict of interest.

Author Contributions: All authors have read and approved the final version of the manuscript

REFERENCES

1. Chbani, L. (2008). *Transformation maligne épithéliale d'un tératome mature de l'ovaire* : à propos d'un cas ; Rev Fran Lab.
2. https://www.mypathologyreport.ca/fr/diagnosis-library/sebaceous-carcinoma/ consulté le 27 février 2024
3. Devouassoux Shisheboran, M. (2020). Teratomatous genotype detected in malignancies of a non germ cell phenotype; *Lab Invest*.
4. Tseng, C. (1996). *Squamous cell carcinoma arising in mature cystic teratoma of the ovary*, Gynecol Oncol.
5. Chbani, L. (2008). Transformation maligne épithéliale d'un tératome mature de l'ovaire : à propos d'un cas, *Rev Fran Lab*.
6. Dos Santos, L. (2007). *Squamous cell carcinoma arising in mature cystic teratoma of the ovary*: a case series and review of the literature, Gynecol Oncol.
7. Cushing, B., Giller, R., Ablin, A., Cohen, L., Cullen, J., Hawkins, E., ... & Castleberry, R. P. (1999). Surgical resection alone is effective treatment for ovarian immature teratoma in children and adolescents: a report of the pediatric oncology group and the children's cancer group. *American journal of obstetrics and gynecology*, *181*(2), 353-358.
8. Frédéric Selle. Tumeurs germinales et tératomes malins ovariens: prise en charge thérapeutique, HUEP (Hôpitaux Universitaires de l'Est Parisien) Hôpital Tenon. Paris: APHP; 2013