

Photoclinic

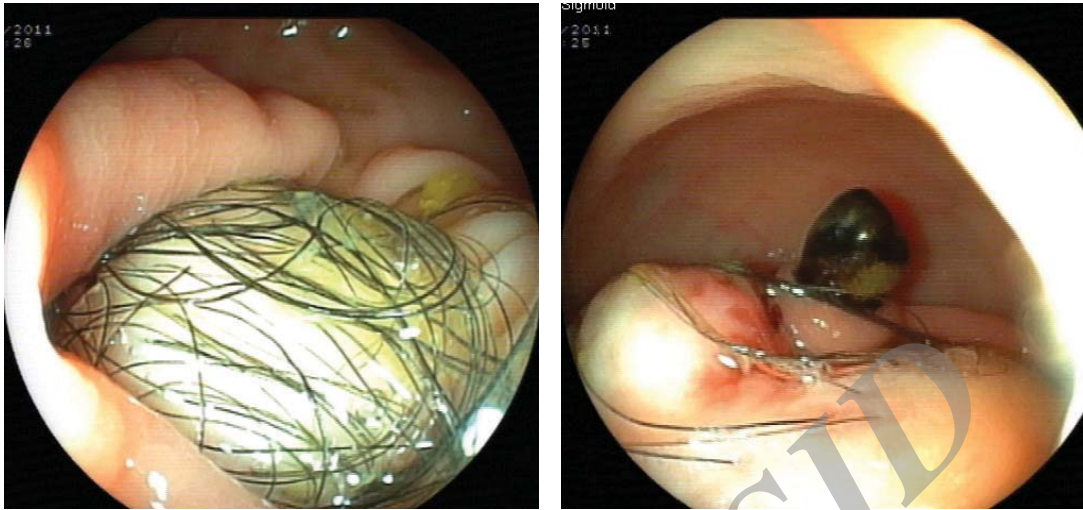


Figure 1. Colonoscopic views of the mass in the rectum.



Figure 2. Teratoma of the ovary extending into the rectum.

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A 29-year-old woman was admitted to the hospital with a history of emergence of hair from her anus without pain, melena, or bleeding. Recently, the diameter of her feces had been decreased and she reported a feeling of fullness of her rectum. She has been referred to a gastroenterologist and underwent a colonoscopy

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which showed a mass including hair and tooth-like structure (Figure 1). The patient underwent endosonography (EUS) which reported a large mixed echoic lesion with cystic components at 10 – 18 cm from the anal verge. Ultrasonography also reported a 4 cm in diameter cyst in the right ovary with calcification in its thick wall; the cyst was simple and without septation. Computed tomography (CT) scan revealed a mild dilatation in the calyx and throughout the right ureter which seemed to be the compressive effect of a mass on the right ureter. There was a hypoechoic mass with two calcified zones, 4 cm in diameter, in the right pelvis.

**What is your diagnosis?
See the next page**

There is a limited number of reported cases of ovarian teratoma with invasion to the rectum.¹⁻⁵ The tumor is usually benign and can be diagnosed by routine colonoscopy followed by histologic confirmation. The tumor can present with abdominal pain, bleeding, or obstruction-like syndromes. Although it is rare, but considering it in the differential diagnosis of rectal tumors can be useful. For this patients, a laparotomy was done and a left ovarian teratoma with adhesions to the rectosigmoid was detected. A right ovarian cystectomy and a left ovarian salpingo-oophorectomy with partial colectomy in the rectosigmoid region was performed (Figure 2). The pathology report revealed a moderately-defined mass attached to the ovary. The tumor was coated with a hairy layer similar to skin and a heterogeneous appearance due to fatty tissue with well-formed tooth and cystic area with gelatinous material. The diagnosis was mature keratotic squamous epithelium, compatible with teratoma protruding into the rectum.

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