AICOG 2025
Mumbai
67th All India Congress of Obstetrics & Gynaecology
FOGSI celebrates 75 years – Diamond Jubliee
8-12 January, 2025 | JIO World Convention Centre

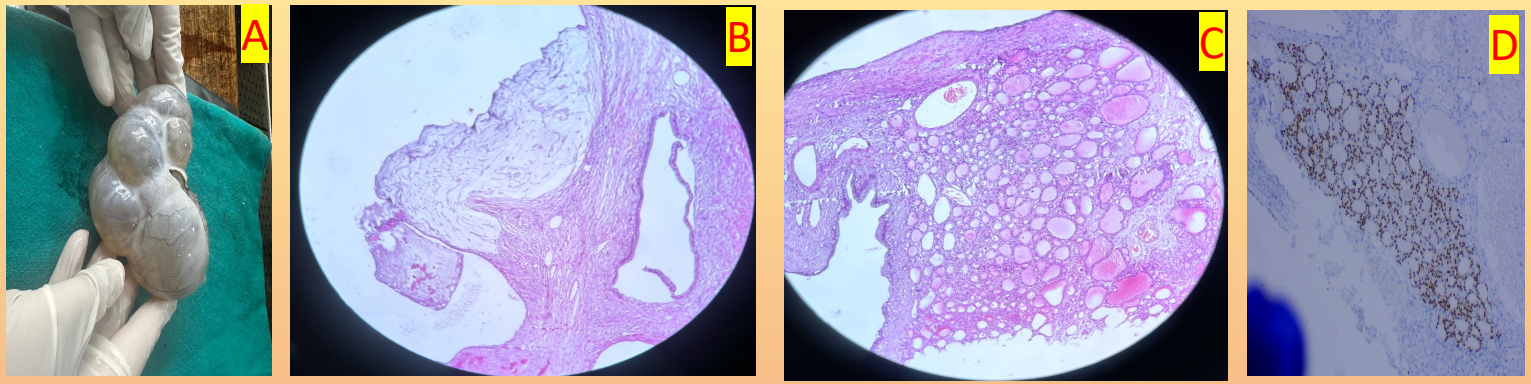
Poster Number: EP 028 Name: Dr Kamakshi Mam

Title: WHEN THYROID MEETS OVARY: A DILEMMA BEHIND THE LENS

❖ **INTRODUCTION:** Struma ovarii is a rare tumor which is predominantly composed of thyroid tissue and belongs to the category of monodermal or specialized teratoma. There are two types of struma ovarii: solid and cystic.

❖ **OBJECTIVE:** This report highlights the importance of histopathological examination which is the gold standard in the diagnosis of Cystic struma ovarii with minimal thyroid tissue.

❖ **CASE PRESENTATION:** 25 year old P1L1 presented with pain lower abdomen, revealing a soft cystic mass upto 14 weeks size of gravid uterus in the right lower abdomen, measuring about 10*10cm on bimanual examination in the right adnexa. Subsequent radiological examination by USG and MRI detected a mucinous cystadenoma of size 9.5*7.8*5.7 cm in the Right adnexa. Tumor markers were found to be within normal limits and patient was euthyroid. She underwent laparotomy along with right ovarian cystectomy and ovarian reconstruction. On Further histopathological examination, a gross specimen of 10.5*7.5*5cm cyst was examined and contained mucoid fluid, detailed microscopy showed non stratified mucinous epithelium, with lakes of mucin, however a small section of the cyst showed presence of thyroid tissue, which was confirmed on IHC showing positivity for TTF-1



A. Gross Specimen; B. Mucin lakes in the cyst ;C. Thyroid tissue with micro and macro follicles with colloid ;D. IHC positivity for TTF-1

❖ **DISCUSSION:** The present case report highlights a rare co-existence of two tumors with different histogenesis in a unilateral ovarian neoplasm as mucinous cystadenoma is of epithelial origin and cystic struma ovarii is of germ cell origin. Cystic variant of struma ovarii is an extremely rare lesion and difficult to identify since the quantity of thyroid follicles is minimal and the cystic changes may predominate and mislead the diagnosis. One may easily miss the entity totally unless extensive sampling of the entire specimen is undertaken.5-8% of patients with struma ovarii present with thyroid hyperfunction. Usually surgical resection of the ovary is sufficient to treat benign, unilateral disease and patients require only standard surgical follow up.

❖ **CONCLUSION:** Struma Ovarii, a rare benign ovarian tumor, is challenging to diagnose due to non specific features. Histopathology, especially for cystic variants, is key, requiring careful biopsy and pathologist collaboration. Long term follow up is usually not needed.

❖ **REFERENCES:**

1. Yassa L, Sadow P, Marqusee E. Malignant struma ovarii. Nat Clin Pract Endocrinol Metab. 2008 Aug;4(8):469-72. doi: 10.1038/ncpendmet0887. Epub 2008 Jun 17. PMID: 18560398.
2. Kraemer B, Grischke EM, Staebler A, Hirides P, Rothmund R. Laparoscopic excision of malignant struma ovarii and 1 year follow-up without further treatment. Fertil Steril. 2011 May;95(6):2124.e9-12. doi: 10.1016/j.fertnstert.2010.12.047. Epub 2011 Jan 26. PMID: 21269611.
3. Ayhan A, Yanik F, Tuncer R, Tuncer ZS, Ruacan S. Struma ovarii. Int J Gynaecol Obstet. 1993 Aug;42(2):143-6. doi: 10.1016/0020-7292(93)90628-a. PMID: 7901063.