IMAGES IN EMERGENCY MEDICINE

Obstetrics and Gynecology

A woman with hip pain and teeth in the pelvis

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Signed consent obtained from patient.

1 | PRESENTATION

A 64-year-old woman with known osteoarthritis of the hips presented with a history of recently increasing left-sided hip pain. Pelvic plain radiographs were undertaken to assess for the possibility of fracture. These revealed degenerative changes at the hip joints and two dentiform calcifications in the pelvis (Figure 1, arrows), raising concern for a dermoid tumor. Computed tomography with contrast was subsequently undertaken, and demonstrated an ovarian cystic lesion measuring 12 cm maximally, with two teeth in the lesion periphery (blue arrows), a fat-fluid level, and hair-ball (red arrow) centrally (Figures 2 and 3).

2 | DIAGNOSIS

2.1 Cystic ovarian teratoma

Laparoscopic bilateral salpingo-oopherectomy was undertaken, and histologic analysis confirmed a diagnosis of mature cystic



FIGURE 1 Plain radiograph of the pelvis showing degenerative changes at the hip joints and two dentiform calcifications in the pelvis,

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FIGURE 2 Computed tomography of the pelvis, axial view. There is a 12-cm ovarian cystic lesion, with two teeth in the lesion periphery (blue arrows), a fat-fluid level, and hair-ball (red arrow) centrally

teratoma containing hair, teeth, sebaceous material, and respiratory epithelium.

Mature cystic teratomas are encapsulated tumors with well-differentiated mature tissue or organ components from at least two of the three germ-cell layers and are the most common ovarian neoplasm in younger patients. Increasing size above 10 cm or "cauliflower" irregular borders are indications for surgical resection because of increasing risk of malignant transformation and to minimize the risk of complications.¹

The index case also demonstrates a striking manifestation of Hickam's dictum and Saint's triad, which present a counter view to Occam's razor: in the index case, diagnostic parsimony would have led to a failure in uncovering the key pathology responsible for the patient's symptoms.



FIGURE 3 Computed tomography of the pelvis, coronal view. There is a 12-cm ovarian cystic lesion, with two teeth in the lesion periphery (blue arrows), a fat-fluid level, and hair-ball (red arrow) centrally

REFERENCE

 Patel MD, Feldstein VA, Lipson SD, Chen DC, Filly RA. Cystic teratomas of the ovary: diagnostic value of sonography. AJR Am J Roentgenol. 1998;171(4):1061-1065.

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