

# Uterine Teratoma (Dermoid Cyst) Presenting as an Endometrial Polyp

Rebecca Chou<sup>1</sup>, Jessica Robertson<sup>2</sup>, Mujahid Bukhari<sup>1</sup>, Danny Chou<sup>2\*</sup>

<sup>1</sup>Liverpool Hospital, <sup>2</sup>Sydney Women's Endosurgery Centre, Sydney, Australia

A 44-year-old multiparous female presented with dysmenorrhea and menorrhagia. Ultrasound imaging revealed a bulky uterus with a hyperechoic lesion measuring 28 mm × 17 mm × 21 mm just proximal to her cesarean section scar. The lesion was thought to be an endometrial polyp and the patient was booked for a hysteroscopic resection of the lesion.

On the initial diagnostic hysteroscopy, the lesion appeared as an endometrial polyp [Figure 1]; however, on resection of the lesion, fatty tissue was identified in its core [Figures 2 and 3 and Supplementary Video 1]. There was no evidence of uterine perforation. Histology was reported to be a mature benign uterine teratoma. There were areas of adipose tissue, neural

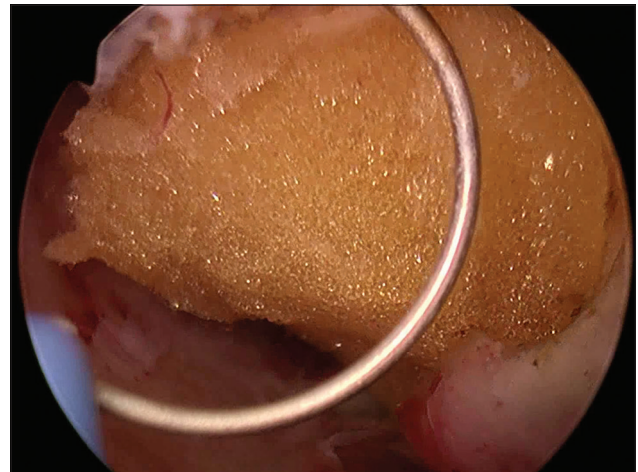
tissue, bone and cartilage, as well as hair-bearing squamous epithelium.

Teratomas are benign germ cell tumors that usually affect the gonads. They originate from a meiotic germ cell and contain a combination of either ectodermal, endodermal, or mesodermal germ layer tissue. Extragonadal teratomas are rare (1%–2% of all teratomas) and mainly occur in midline structures, most commonly the retroperitoneum and mediastinum.<sup>[1]</sup>

Primary uterine teratomas of the uterus were first described in 1929 and have only infrequently been described in case



**Figure 1:** Uterine “polyp” seen on the initial diagnostic hysteroscopy



**Figure 2:** Adipose tissue seen inside the uterine teratoma.  
<http://www.apagemit.com/page/video/show.aspx?num=274>

#### Article History:

Submitted: 16-Aug-2021

Accepted: 25-Feb-2022

Published: 19-Sep-2022

#### Address for correspondence:

Dr. Danny Chou,  
Sydney Women's Endosurgery Centre, St George Private Hospital, Suite 6a,  
Level 5, 1 South St, Kogarah, NSW 221, Australia.  
E-mail: dannyzhou@hotmail.com

#### Access this article online

##### Quick Response Code:



Website:  
[www.e-gmit.com](http://www.e-gmit.com)

DOI:  
10.4103/gmit.gmit\_107\_21

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: WKHLRPMedknow\_reprints@wolterskluwer.com

**How to cite this article:** Chou R, Robertson J, Bukhari M, Chou D. Uterine teratoma (dermoid cyst) presenting as an endometrial polyp. *Gynecol Minim Invasive Ther* 2022;11:256-7.



**Figure 3:** Uterine teratoma

reports.<sup>[2]</sup> Uterine teratomas usually present as a cervical lesion or polyp causing abnormal bleeding, enlarged uterus, and pain.<sup>[3]</sup> Malignant progression of these tumors has been reported.<sup>[1]</sup> Preoperative sonographic diagnosis is challenging. T. C Lin *et al.*<sup>[4]</sup>, suggests that uterine teratomas have a similar appearance to teratomas of the ovary on ultrasound. Interestingly, in the case described by T. C Lin *et al.*<sup>[4]</sup>, and the case presented in this article, the ultrasound was not suggestive of a teratoma.

While rare, the diagnosis of uterine teratoma should be considered in women presenting with a uterine mass, even if traditional ultrasound features are not present.

### Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given her consent for her images and other clinical information to be reported in the journal. The patient understands that her name and initials will not be published, and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

### Financial Support and Sponsorship

Nil.

### Conflicts of Interest

Dr. Danny Chou, an editorial board member at *Gynecology and Minimally Invasive Therapy*, had no role in the peer review process of or decision to publish this article. The other authors declared no conflicts of interest in writing this paper.

### REFERENCES

1. Newsom-Davis T, Poulter D, Gray R, Ameen M, Lindsay I, Papanikolaou K, *et al.* Case report: Malignant teratoma of the uterine corpus. *BMC Cancer* 2009;9:195.
2. Kamgobe E, Massinde A, Matovelo D, Ndaboine E, Rambau P, Chaula T. Uterine myometrial mature teratoma presenting as a uterine mass: A review of literature. *BMC Clin Pathol* 2016;16:5.
3. Papadia A, Rutigliani M, Gerbaldo D, Fulcheri E, Ragni N. Mature cystic teratoma of the uterus presenting as an endometrial polyp. *Ultrasound Obstet Gynecol* 2007;29:477-8.
4. Lin TC, Chen TH, Huang RH, Tsai HD, Chen M. Pre-operative diagnosis of a primary uterine mature teratoma. *Taiwan J Obstet Gynecol* 2020;59:586-9.