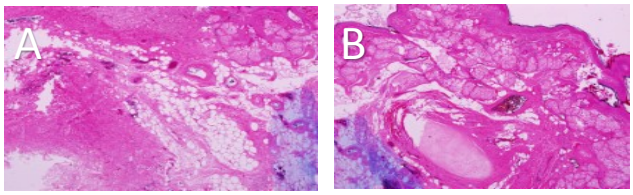

Figure 2: Sebaceous glands, fat and fibrous tissue with squamous epithelial lining on top (A). Skin (stratified squamous epithelium with keratin on top), sebaceous glands and flakes of cartilage (B).

of patients [3]. This lesion is commonly seen in young women of childbearing age, and rarely in very young adolescents. Mature cystic teratoma rarely grows more than 10 cm [4]. It can be diagnosed by ultrasound based on its specific features [5]. CT scan may be reserved to visualize the nature of large size tumors, when suspicion of malignancy is present. Mature cystic teratoma is usually asymptomatic and rarely causes symptoms unless it undergoes torsion or pressure symptoms resulting from increasing size of the tumor. The tumor is usually managed by cystectomy or oophorectomy, performed laparoscopically or via laparotomy, depending on the patients age, fertility, cosmetic issues, ovarian tissue reserved and if one or both ovaries affected [6,7]. The preservation of ovarian tissue is highly important in patients with bilateral pathology. The percentage for malignant transformation is 0.2-2% [8]. Mature cystic teratoma at 13 years of age in the patient described, is considered to be rare, especially bilaterally with tumor size >10 cm in each ovary. The lowest age reported was 9 years old in two patients [9,10]. One of them had a unilateral mass and the other was bilateral, with tumor size <10 cm in both cases. Mature cystic teratoma with synchronous immature teratoma in the opposite ovary in a 9-years-old girl has been reported in the literature [10]. Multiple, bilateral ovarian dermoid cyst <10 cm have been reported in the past [11-13]. Bilateral mature cystic teratoma >10 cm in a 35-years old patient has been reported by El-Agwany [14]. CT scan was of great value in the diagnosis of our case because of the size of the cysts and had to be managed by laparotomy. Recurrence may occur 1-15 years after operation [15]. Long term recurrence rate of 4.2% after surgical excision of mature cystic teratoma was reported in one study [16]. Young age, bilaterally, and large cyst size >8 cm were shown to be significant predictive factors. When a patient had all these three factors, the recurrence rate was 21.0% [16]. Our patient was followed up with ultrasound periodically and advised to have further checks in the future, considering her age and bilateral tumours more than 10 cm in size.

Conclusion and Recommendations

This case report is a rare presentation of mature cystic teratoma in adolescence which is a definite entity in the differential diagnoses of abdominal pain with pelvic-abdominal mass in young females. Long term fellow up of this patient with significant predictive factors is advised due to higher incidence of recurrence in the future.

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