

## Mature Cystic Teratoma of the Fallopian Tube – A Brief Case Report –

Woo Jung Sung · Jun Mo Kim<sup>1</sup>  
Mi Jin Kim

Department of Pathology, Yeungnam University  
College of Medicine, Daegu; <sup>1</sup>National Forensic  
Service, Seoul, Korea

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**Corresponding Author**

Mi Jin Kim, M.D.  
Department of Pathology, Yeungnam University  
College of Medicine, 317-1 Daemyeong-dong,  
Nam-gu, Daegu 705-717, Korea  
Tel: +82-53-620-3324  
Fax: +82-53-622-8432  
E-mail: mjkap@ynu.ac.kr

Mature cystic teratomas of the fallopian tube are unusual, being almost incidentally identified. Here we describe a case of mature cystic teratoma arising in the fallopian tube, in a 44-year-old female. The mass was found during a regular checkup without complication. Microscopically, components from each germ layer were identified.

**Key Words:** Teratoma; Mature; Fallopian tubes

Mature cystic teratomas are defined by the presence of differentiated components of two or three embryonal layers (endoderm, mesoderm, and ectoderm) in any combination. Ovarian tumors are quite common, but rarely identified in the fallopian tube. Here, we describe a mature cystic teratoma in the fallopian tube.

### CASE REPORT

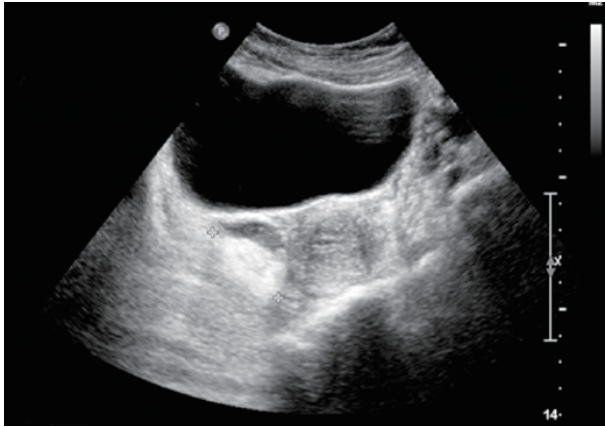
A 44-year-old female, gravid 4, para 1, presented with a right adnexal mass discovered at a pelvic ultrasonography performed during a regular checkup; at ultrasonography, a 3.5 cm sized markedly heterogeneous mass was presented (Fig. 1). At that time, this mass was considered as a right ovarian mass. A laparoscopy demonstrated a cystic mass located at the ampullary portion in the right fallopian tube. Consequently, a laparoscopic right salpingectomy was performed. Grossly, a 3.3 cm sized cystic mass was present within the ampulla, which was filled with whitish gelatinous and yellowish greasy material with hairs. The outer surface was smooth (Fig. 2). A microscopic ex-

amination revealed squamous epithelium with sebaceous glands and hair follicles, pseudostratified ciliated respiratory epithelium with cartilage and mucous glands, and thyroid gland tissue (Fig. 3).

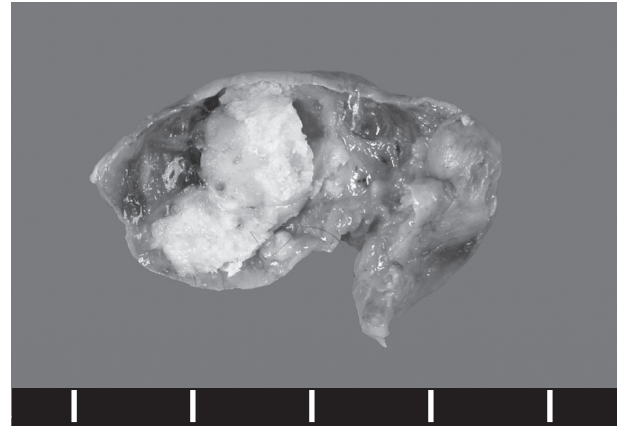
### DISCUSSION

Tumors of the fallopian tube are uncommon. Approximately 60 cases of mature teratoma of the fallopian tube have been reported in the literature.<sup>1</sup> Most cases of tubal mature cystic teratomas have been diagnosed during the reproductive years and most of them are found incidentally via image study or during pelvic surgery.<sup>2</sup> At examinations prior to surgery, tubal teratomas are often misdiagnosed as ovarian teratomas. These tumors are usually asymptomatic but are sometimes associated with reduced parity, menstrual irregularity, leukorrhea, postmenopausal bleeding, and abdominal pain.<sup>3</sup> They are usually attached by the pedicle to the tubal mucosa and commonly located in the ampulla or the isthmus.<sup>3</sup> The tumor diameters have been reported to range between 0.7 and 20.0 cm.<sup>3</sup> The pathogenesis of tu-

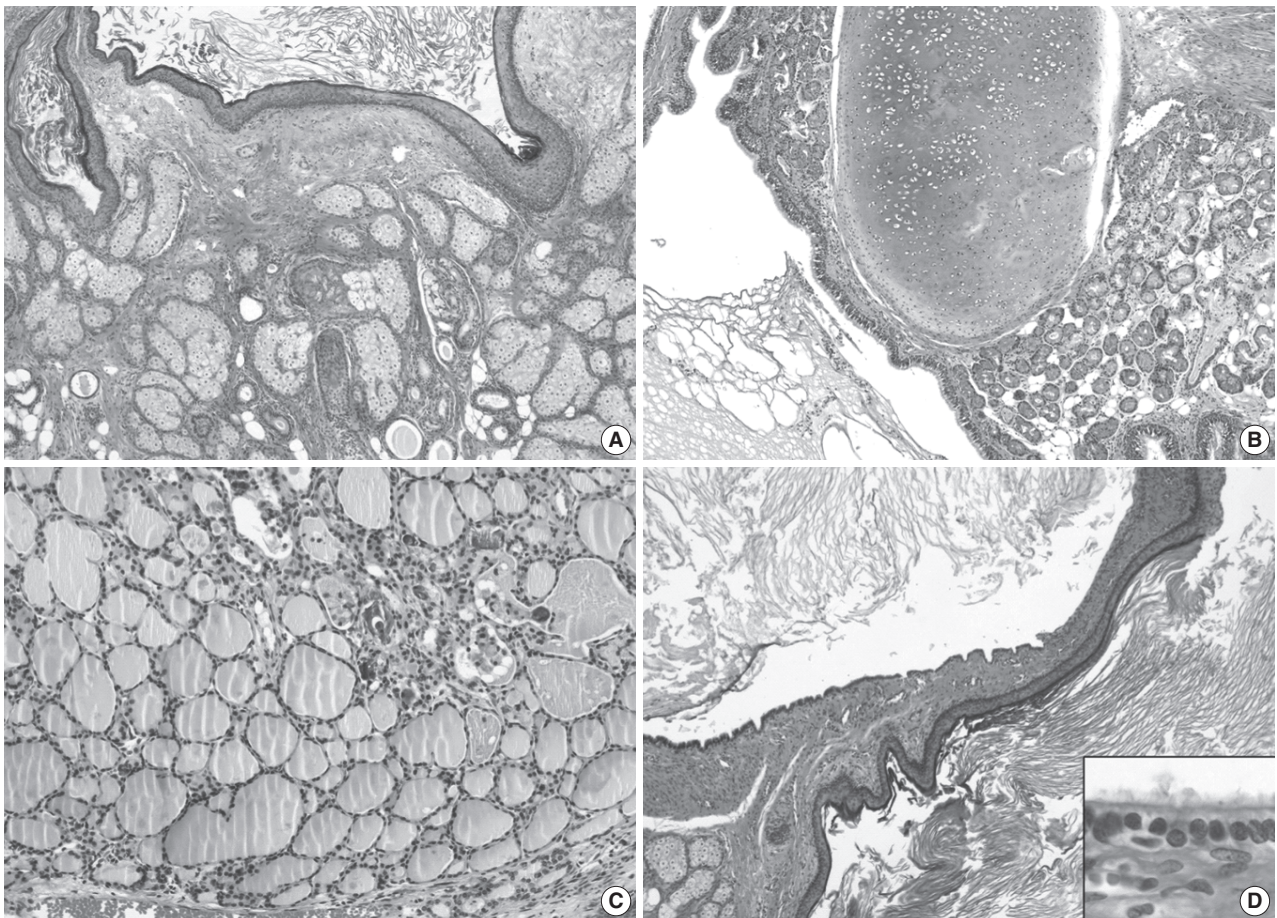
bal teratomas is not clearly understood, but it is believed to arise from germ cells migrating from the yolk sac to the primitive gonadal bud. Tubal teratomas might result from the



**Fig. 1.** Presence of a 3.5 cm sized heterogeneous echogenic mass in the right adnexa at ultrasonography.



**Fig. 2.** The appearance of the fallopian tube is dilated, while the inner cystic space is filled with hair and yellowish greasy material.



**Fig. 3.** A microscopic examination demonstrates squamous epithelium with skin appendages (A), respiratory epithelium, cartilage, and mucous glands (B) and thyroid tissue (C) and a transitional site of squamous epithelium and tubal epithelium (inset) (D).

dence of tubal teratomas is low, awareness of its occurrence is necessary. Especially pathologists must consider the possibility of a tubal teratoma when the origin of the adnexal mass is ambiguous grossly, because tubal teratomas are often misdiagnosed as ovarian teratomas in radiologic studies

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