

XXI. Diseases of the Female Genital System

Cystic Teratoma (so-called dermoid cyst)	
Ovary:	<ul style="list-style-type: none"> • Is enlarged Shows a cystic tumour
	<p>The tumour:</p> <ul style="list-style-type: none"> • Large • Rounded • Cystic
	<p>External surface:</p> <ul style="list-style-type: none"> • Smooth
	<p>Cut surface:</p> <ul style="list-style-type: none"> • Moderately-thick-walled
	<p>Contents:</p> <ul style="list-style-type: none"> • Opaque greyish or yellowish sebaceous material • Hard calcified tissue (scattered) • Adipose tissue (intermingled) • Pultaceous substance • Hair (variable in amount) • Some glandular structures
	<p>Lining:</p> <ul style="list-style-type: none"> • Uniform throughout (granular) • One area shows a nodule
	<p>The nodule:</p> <ul style="list-style-type: none"> • Small in size • Raised • Globular in shape • With pieces of bone • Teeth are present • Firm in consistence

N.B.:

- Teratoma of the ovary may be **cystic or solid**.
- In this tumour, a variety of structures may be detected.
- Occasionally, one element (such as squamous epithelium) may become malignant.
- **The cystic teratoma:** Is a common, usually-benign, tumour which is slowly-growing, moderate in size, possesses a pedicle and contains, yellow buttery greasy material, hair, sebaceous material, bone, skin, cartilage and other tissues; and; is derived from a mainly-ectodermal differentiation of the toti-potential cells.
- The tumour is mis-termed dermoid; (it is lined by skin-like structure; but, it contains various tissues).
- It usually occurs during pregnancy and active reproductive life.
- **The solid teratoma:** Is a very rare ovarian tumour. It attains a large size and is usually very malignant.



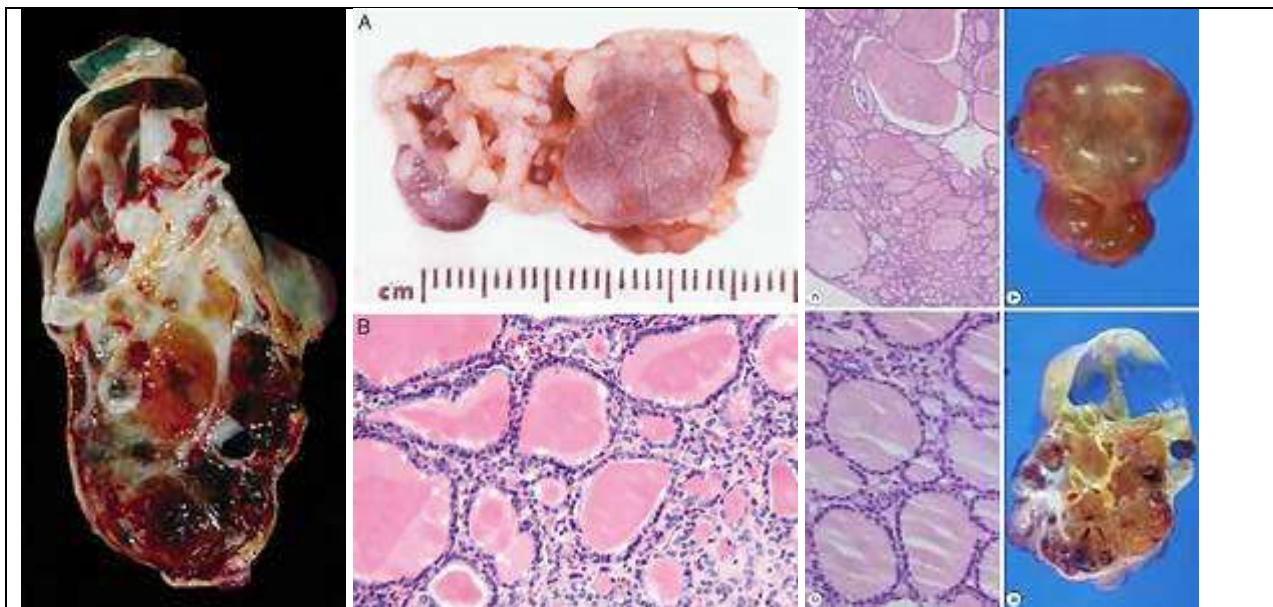
Struma Ovarii

Ovary:

- Shows a tumour

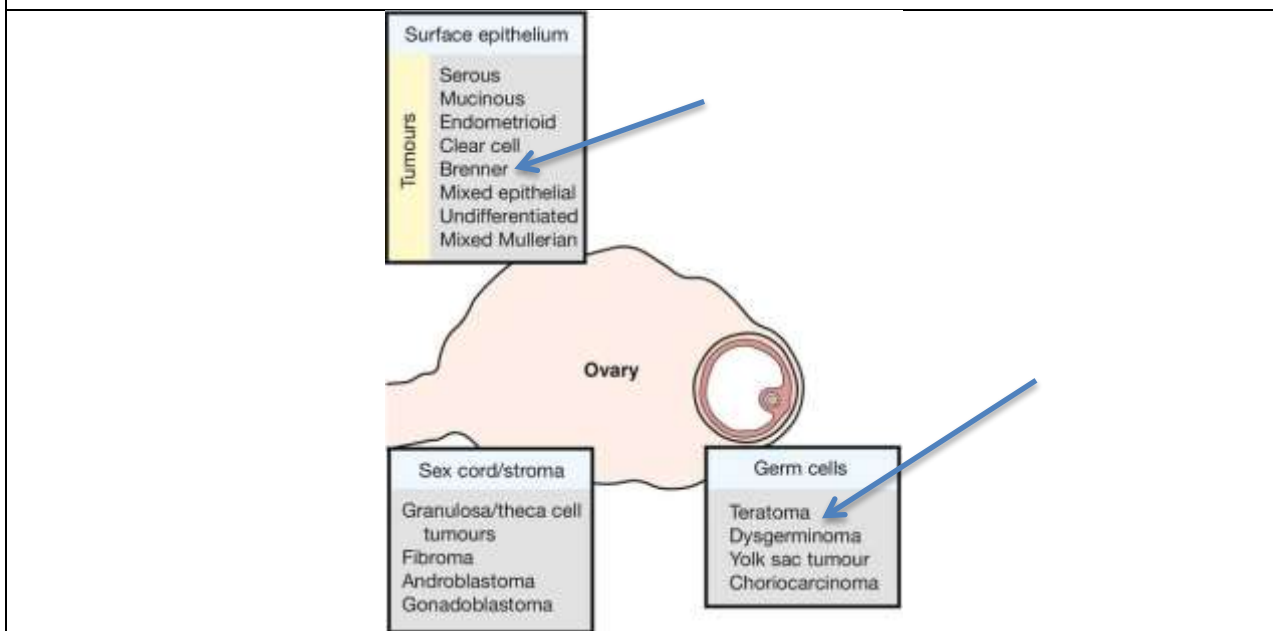
The tumour:

- Is moderately big
- Cystic in parts, solid in other parts
- Shows a large area totally composed of thyroid tissue



N.B.:

- Struma ovarii is the condition in which the ovary shows a one-sided development of a dermoid cyst (teratoma) with an adenomatous-like structure containing an appreciable amount of thyroid tissue (which may or may not be functionally active and in which malignant change; may occasionally occur).



Brenner Tumour

Ovary:	<ul style="list-style-type: none"> • Is enlarged • Shows a tumour
The tumour:	<ul style="list-style-type: none"> • Of moderate enlargement • Somewhat globular
Cut surface:	<ul style="list-style-type: none"> • Solid-like in parts, cystic in other parts

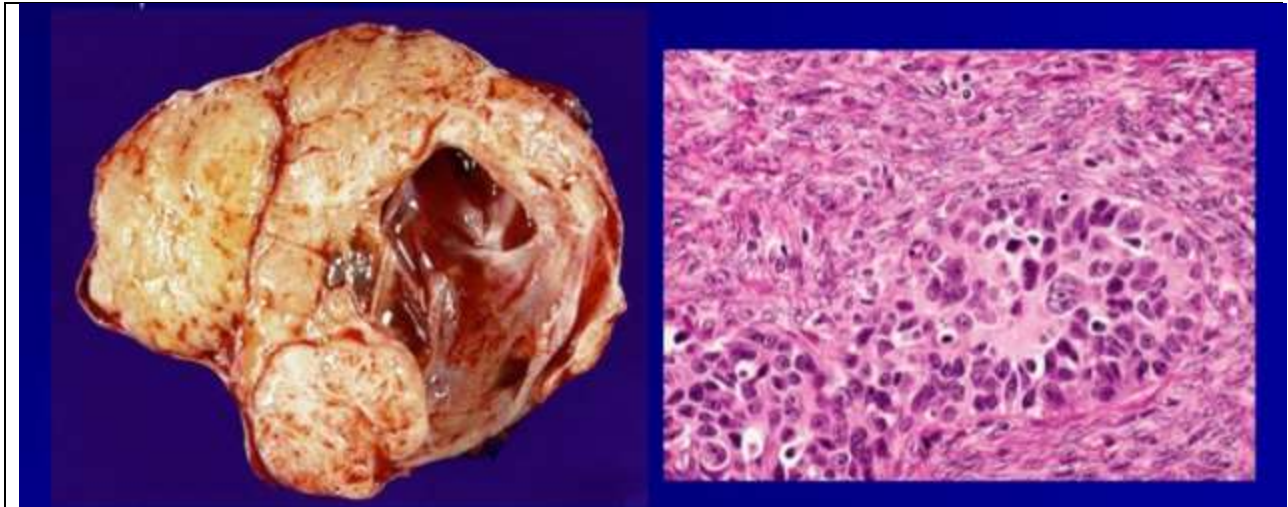
		<ul style="list-style-type: none"> • Circumscribed • Appears encapsulated • Yellowish-pearly white • With cystic foci showing evidence of mucoid material • Small foci of calcification • No destruction • No evidence of invasion
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	<i>Consistence:</i>	<ul style="list-style-type: none"> • Firm
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N.B.I:

- **Brenner tumour** (one of the special tumours of the ovary) is a rare tumour which occurs after menopause.
- It is benign, of slow growth and shows no endocrinal disturbances.
 - **If small**, it resembles a fibroma with:
 - No cystic degeneration.
 - No necrosis.
 - No haemorrhage.
 - No definite capsule.
 - **If large**, it resembles a pseudo-mucinous cystadenoma :
 - With nodular masses persisting in the wall.
 - With liability to an associated ascites.



N.B.2:

Special tumours of the ovary form a group of **solid tumours** which are characterized by:

1. A probable common origin.
2. Sex hormonal disturbances (in some types).
3. Those arising from the primitive mesenchyme of the ovary :
 - (a) **Granulosa cell tumour** (feminizing).
 - (b) **Arrhenoblastoma** (masculinizing) (**Sertoli-Leydig cell tumour**)
 - (c) **Dysgerminoma** (no hormonal disturbances).
4. That of uncertain origin: **Brenner tumour** (a one-sided development of a teratoma).

