



A Rare Finding of Melanoma within a Dermoid Ovarian Cyst



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INTRODUCTION

Ovarian germ cell tumors are overall the most common ovarian neoplasm in young females between 10-30 years of age.^{1,2}

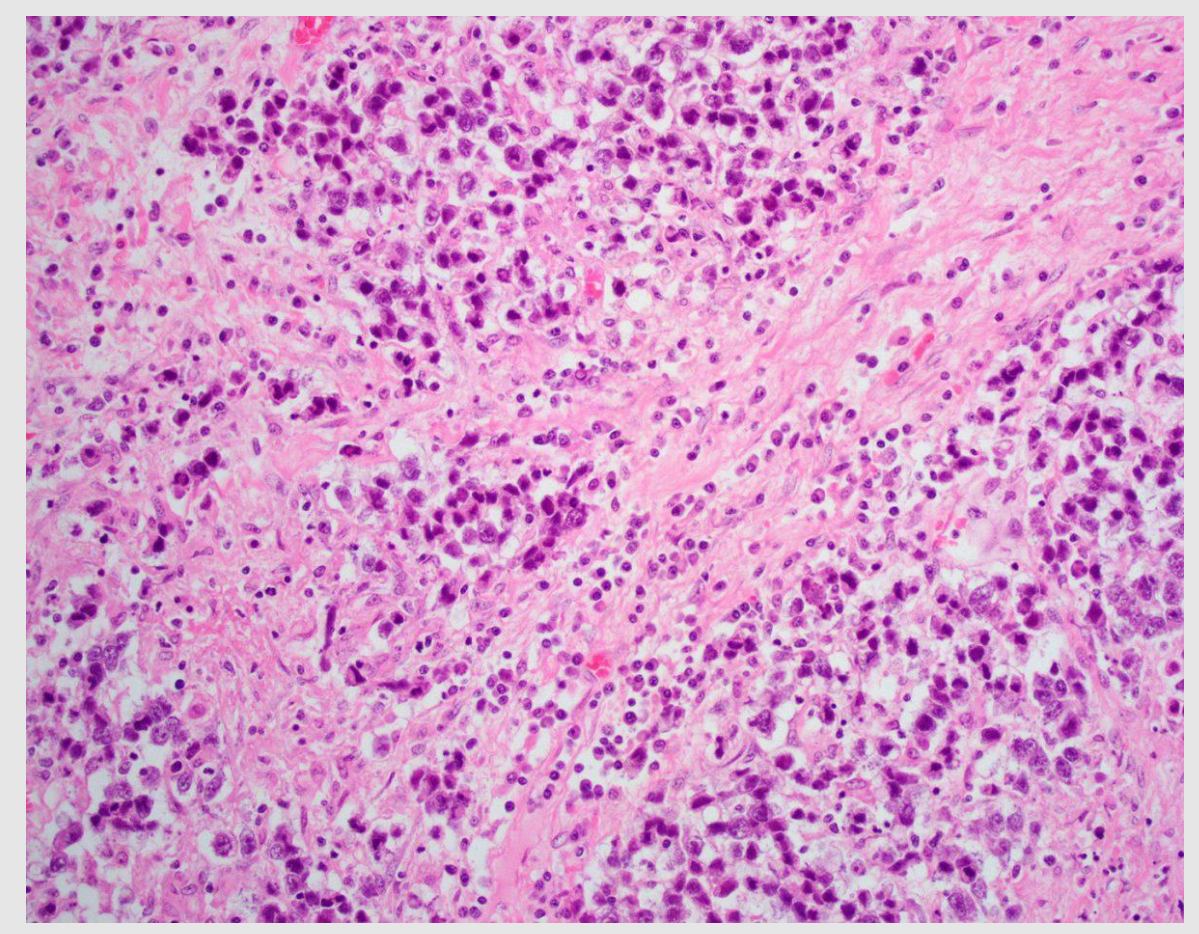
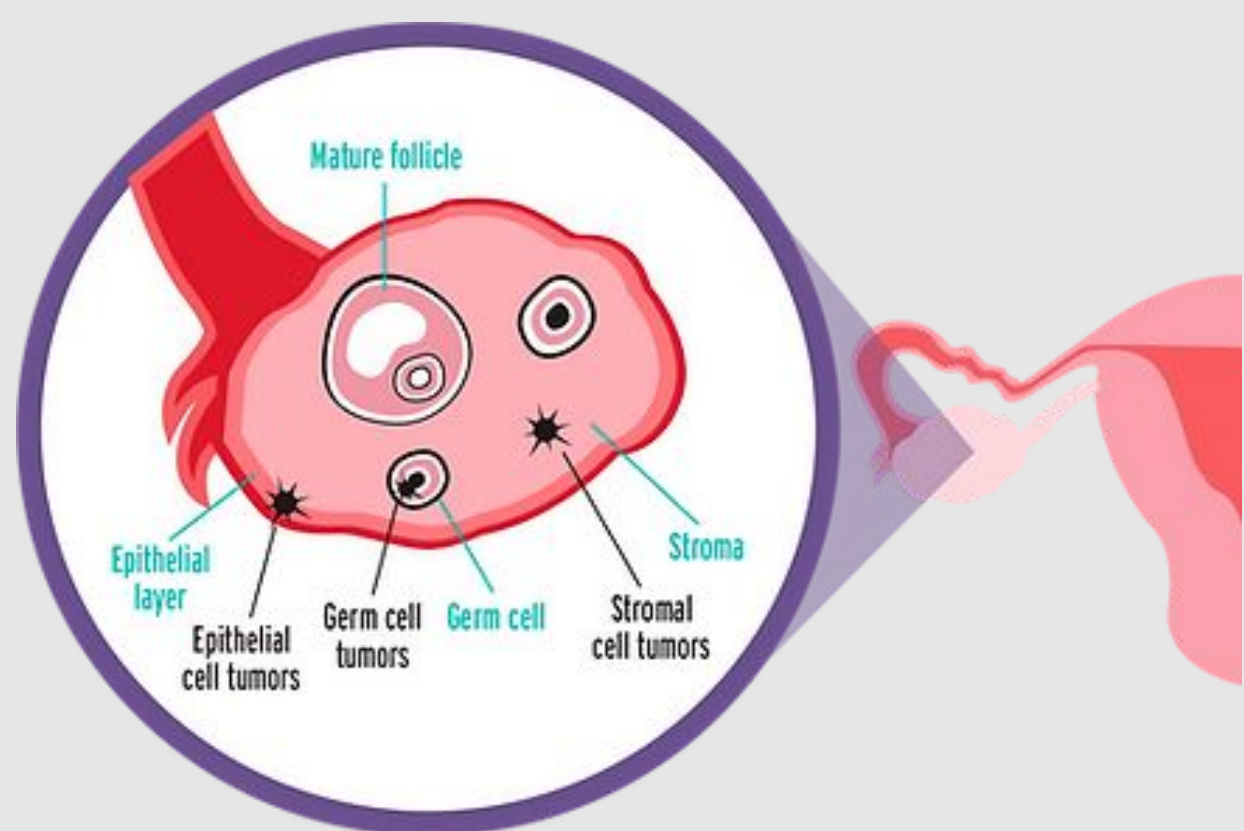


Fig. 1 Ovarian Neoplasm Origins

Fig. 2 Ovarian Germ Cell Tumor

Dermoid Ovarian Cysts (Teratomas) are benign ovarian masses of germ cell origin. Mature teratomas are almost always of benign nature with malignancy developing in only 0.2-2% of neoplasms.

Secondary neoplasms arising from mature teratoma:

- Squamous cell carcinoma - most common
- Melanoma
- Basal Cell Carcinoma
- Adenocarcinoma
- Sarcoma

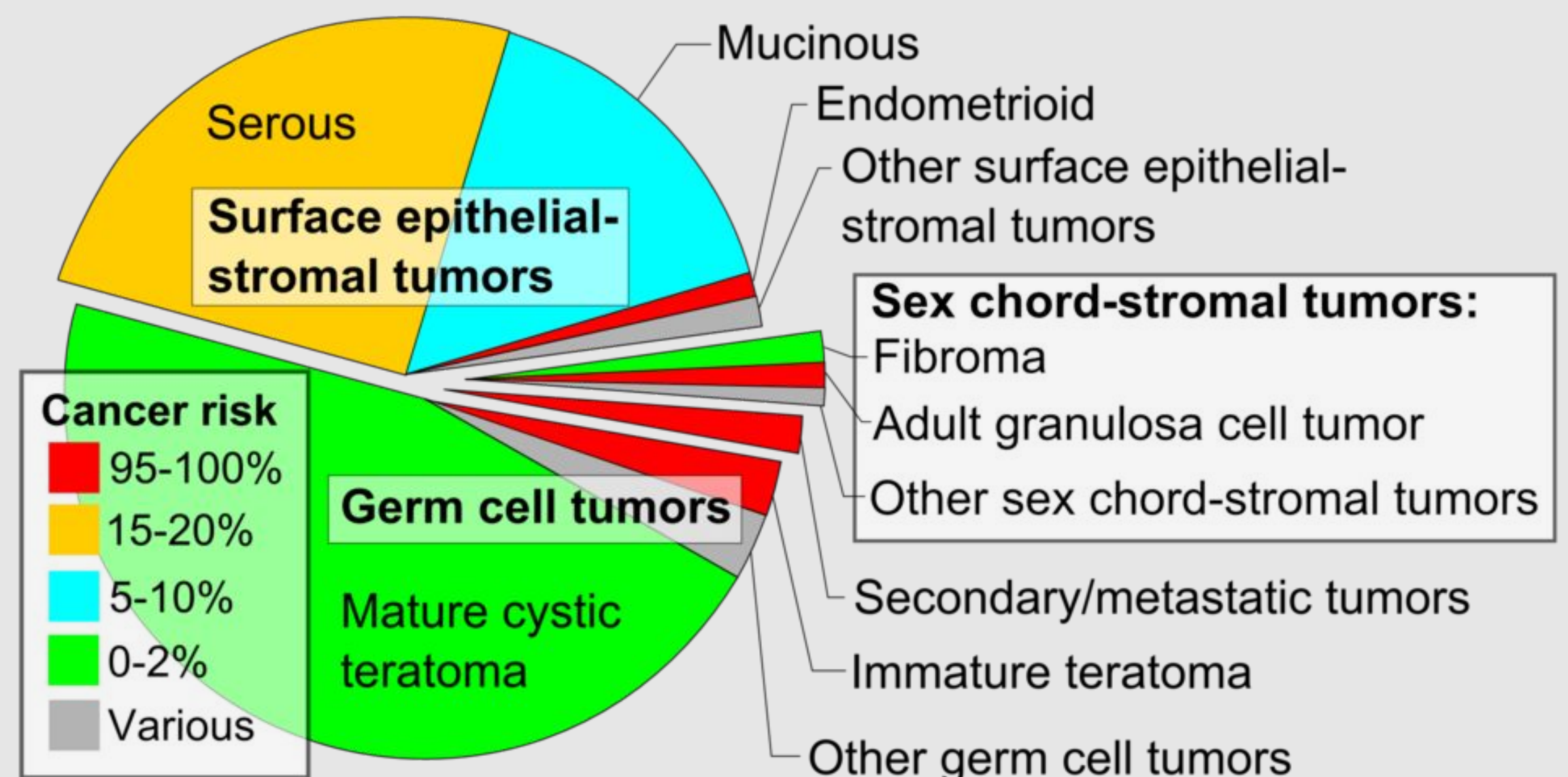


Fig. 3 Ovarian Tumors by Incidence and Cancer Risk

CASE

Patient: A 23 y/o G0P0 female presented for Ob/Gyn consult regarding known bilateral ovarian cysts, discovered incidentally status post a CT scan for persistent abdominal pain following an MVA.

Past History: Severe dysmenorrhea since menarche associated with debilitating cramping during menses and occasional nausea/vomiting. FMHx: Maternal aunt with endometriosis.

MANAGEMENT

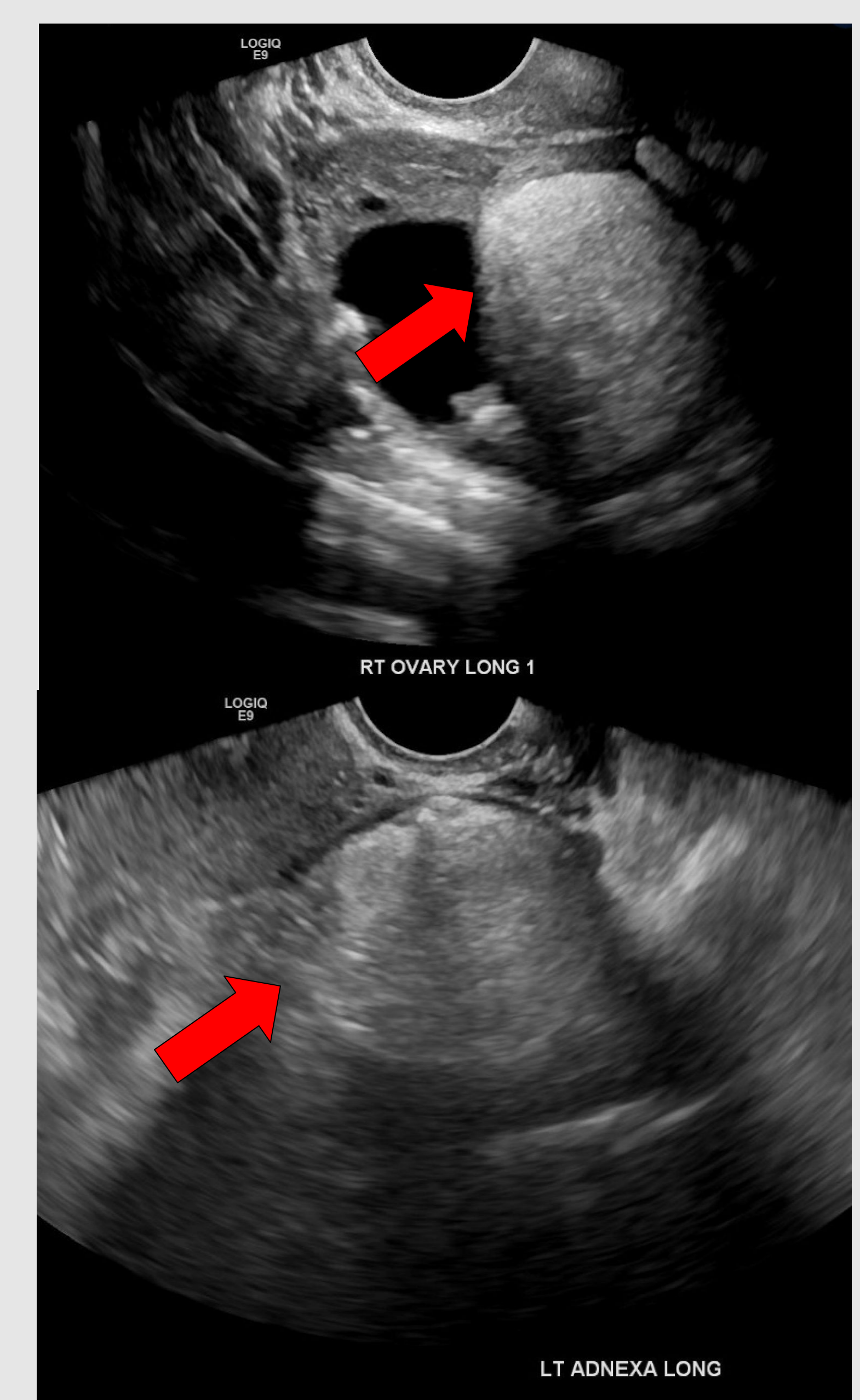


Fig. 4 Transvaginal US consistent with bilateral ovarian cysts

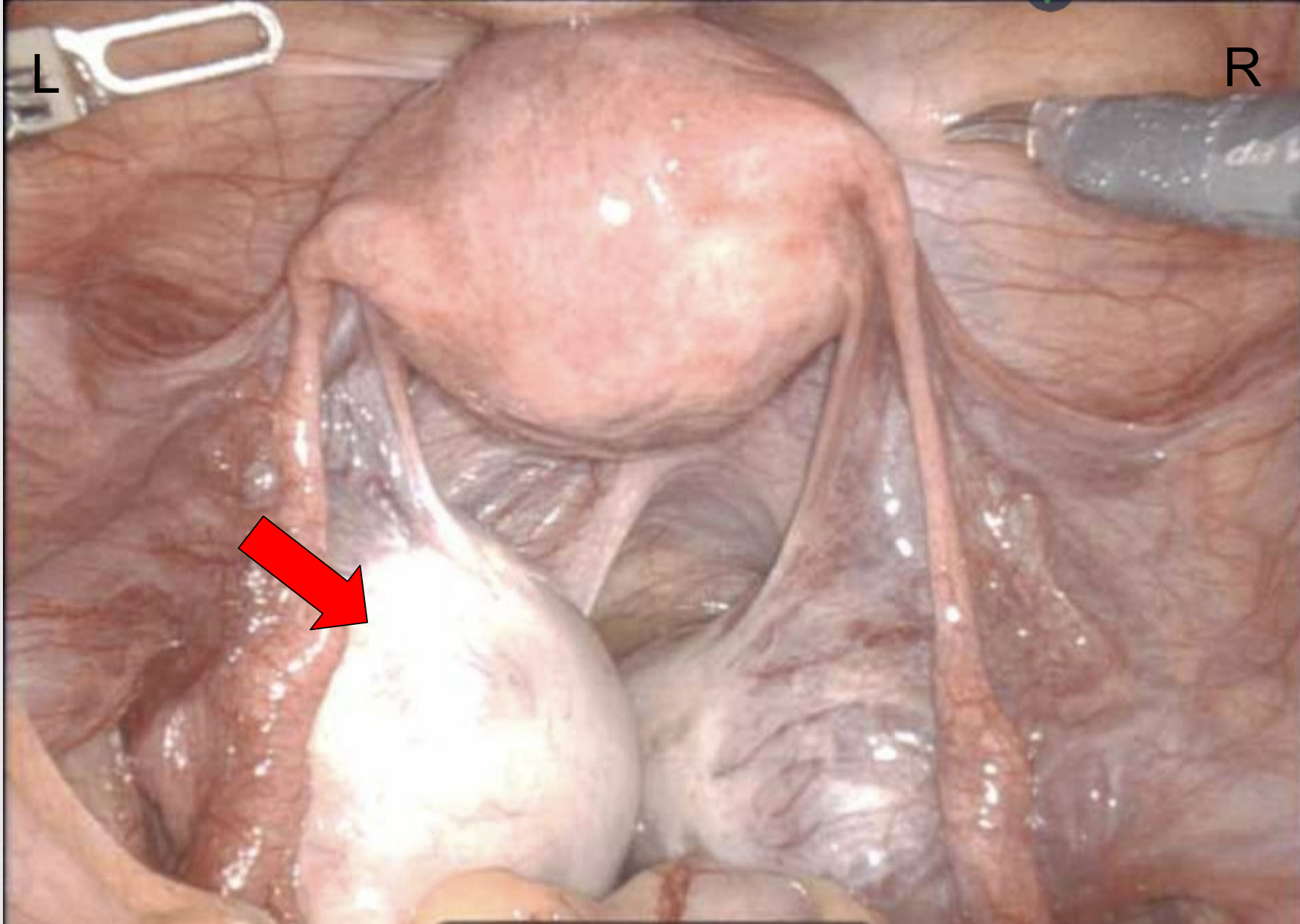


Fig. 5 Laparoscopic View of bilateral Ovaries

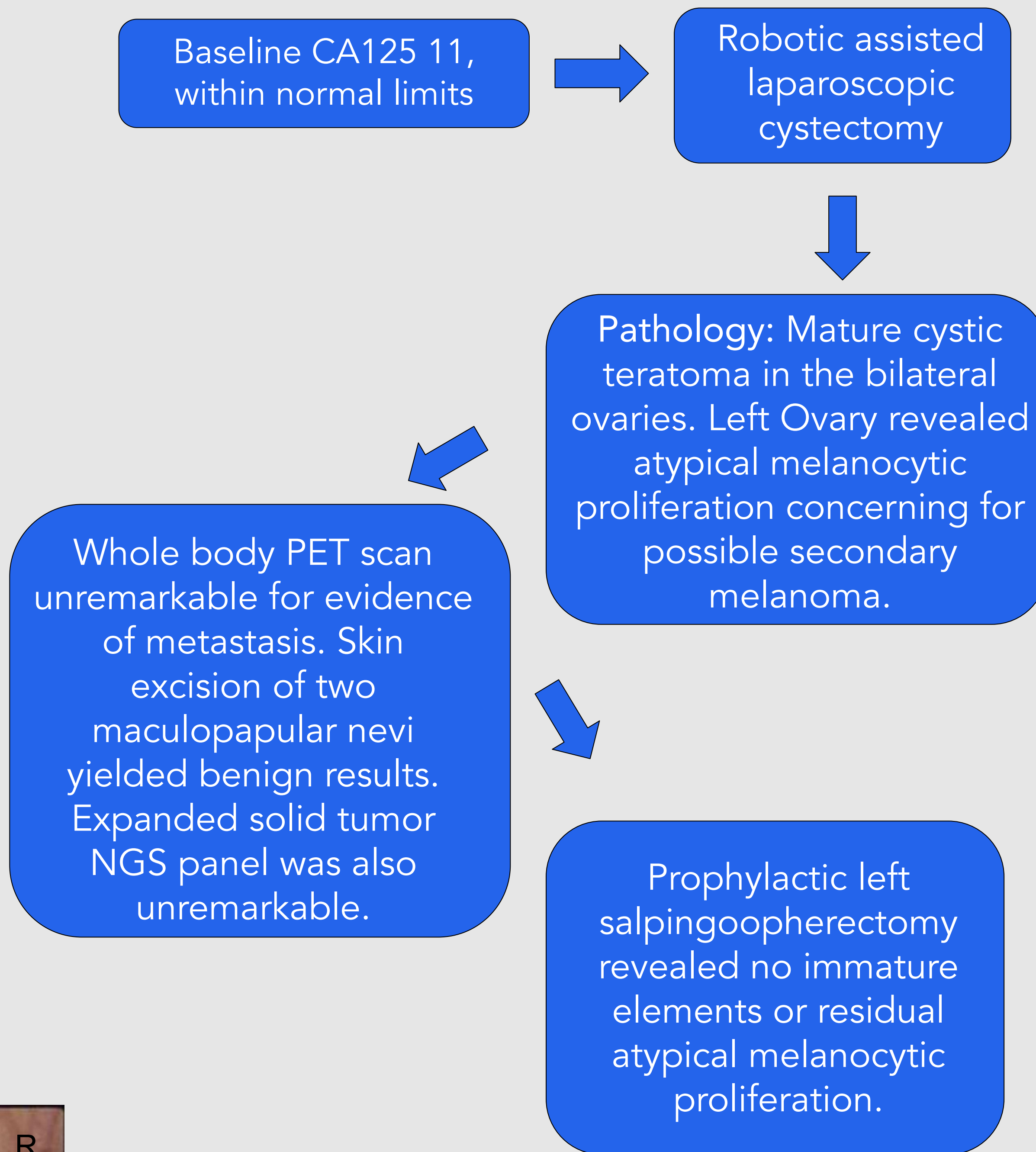


Fig. 6 PET Scan of pelvic region, nonspecific reactive lymph nodes

DISCUSSION

The majority of dermoid ovarian cysts are discovered incidentally and patients are typically asymptomatic, as in this case, which highlights a potential need for advanced screening protocols and diagnostic workups for secondary neoplasms. It is not fully understood why secondary neoplasms can occur within ovarian germ cell tumors, so understanding how to better anticipate this possibility is crucial to the prognosis of these patients. Melanoma is the third most common skin cancer in the United States, but the most likely to become metastatic disease. This case additionally highlights the importance of a thorough metastatic workup for benign ovarian tumors especially with secondary malignant features due to the sparsity of case reports on further management.

REFERENCES

Scan below for a list of references

