

Letter to the Editor

Letter to the Editor: Immature Teratoma with Extra-Ovarian Deposits of Mature Teratoma

Sakin O, Angin AD, Gun I, Pirimoglu ZM and Cikman MS*

Department of Obstetrics and Gynecology, University of Health Sciences Kartal, Dr. Lütfi Kırdar Training and Research Hospital, Turkey

*Corresponding author: Muzaffer Seyhan Cikman, Department of Obstetrics and Gynecology, University of Health Sciences Kartal, Dr. Lütfi Kırdar Training and Research Hospital, Turkey

Received: November 01, 2017; Accepted: November 07, 2017; Published: November 14, 2017

Letter to the Editor

Dear Editor, We have read the article entitled “Immature Teratoma with Extra-Ovarian Deposits of Mature Teratoma –Case Report and Review of the Literature” by Haran G. et al. that appeared in the first issue of the volume 3 of the “Austin J Med Oncol” in 2016, with great interest. We appreciate the writers and those who contributed to the preparation and the publication of this successful manuscript. We hereby intended to provide a slight contribution related to the article.

It is emphasized that ovarian immature teratoma with extra-ovarian mature implants have been published for the first time in the literature. When the literature is examined, ovarian immature teratomas may rarely be associated with extraovarian mature teratom deposits. These mature teratoma deposits may be anywhere in the intraabdominal cavity, including peritoneum and liver [1,2]. Firstly, Robboy et al. mentioned the term “extraovarian mature teratoma deposits” in a case series of 12 patients in 1970 [1]. In this article, age range is 16 months to 22 years, ovarian lesions are more solid appearance than cystic tumor and these patients are followed up between 9 months and 9 years.

In the following years, in 2013 Ghearghi et al. [3] and in 2015 Wu et al. [4] published ovarian immature teratoma and associated extra-ovarian mature teratoma deposits. These mature teratoma implants were mature glial cell implants. For the first time, Calder et al. reported ovarian immature teratoma with 3 germ layered extra-ovarian mature teratoma implants in 1994 [5]. There was also endometriosis in the patient in this study.

As a result, as you mentioned in your article, the most common germ cell tumors of the ovary are teratomas. Ovarian immature teratomas are very rare tumors that compromise less than 1% of ovarian teratomas. They are common in the first 2 decades of life and are rapidly growing tumors. Ovarian immature teratoma with extra-ovarian mature teratoma implants were mentioned in valuable, few case reports including your case. It was first published in the literature in 1970.

References

1. Robboy SJ, Scully RE. Ovarian teratoma with glial implants on the peritoneum: analysis of 12 cases. *Human pathology*. 1970; 1: 643-653.
2. Barwad A, Dey P, Shivalingam J. Metastatic of mature component in a treated case of immature teratoma diagnosed on fine-needle aspiration cytology of the liver. *Diagnostic cytopathology*. 2011; 39: 711-713.
3. Gheorghisan-Galateanu A, Terzea DC, Carsote M, Poiana C. Immature ovarian teratoma with unusual gliomatosis. *Journal of ovarian research*. 2013; 6: 28.
4. Wu PS, Lai CR. Ovarian immature teratoma with gliomatosis peritonei and pleural glial implants: a case report. *International journal of surgical pathology*. 2015; 23: 336-338.
5. Calder CJ, Light AM, Rollason TP. Immature ovarian teratoma with mature peritoneal metastatic deposits showing glial, epithelial, and endometrioid differentiation: a case report and review of the literature. *International journal of gynecological pathology*. 1994; 13: 279-282.