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Acute abdomen due to twisted immature ovarian teratoma in a 7-year-old girl: A case report and literature review

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ABSTRACT

Introduction: Managing acute abdomen in young girls can be challenging. Although ovarian tumour in the pre-menarche group is rare, early detection is vital especially when torsion is suspected as it can affect fertility. Immature ovarian teratomas are uncommon, and represents only about 1% of ovarian teratomas. They are the third most common primitive germ cell tumour. Generally, they are congenital lesions and present mainly during the first two decades of life. **Case Description:** We report a case of 7-year-old girl presented to Emergency Department with acute abdominal pain, constipation, and vomiting. Abdominal examination revealed a palpable mass equivalent to 20 weeks uterus, firm to hard in consistency. The ultrasound showed a 10 x 8 cm well-defined lobulated pelvic mass with a majority solid area, suggestive of an ovarian tumour. We performed an emergency lower midline laparotomy. Intraoperatively, there was a large left ovarian tumour with torsion. Oophorectomy with omentectomy was performed. The tumour measured 10 x 8 x 4 cm with multilobulated glistening nodular surfaces. Histopathological examination confirmed immature teratoma Grade 1. She was subsequently referred to the gynae-oncology team at a tertiary centre. **Conclusion:** Ovarian tumour in the pre-menarche group is rare but need to be considered in a young patient with acute abdomen and obstructive symptoms. Early diagnosis and intervention will improve disease outcome, quality of life, and long-term survival of the patient.

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Central nervous system tumour in pregnancy: A case report

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ABSTRACT

Introduction: Central nervous system (CNS) tumour in pregnancy is rare. We report two cases with different challenges. **Case Description:** Case 1: A 40-year-old at 8 weeks gestation with one-year hands and feet numbness was suspected to have cervical myelopathy. At 20 weeks, she had a right-sided weakness, bilateral upper limbs hypertonia, and hyperreflexia raising suspicion of demyelinating disease. Magnetic resonance imaging (MRI) was withheld due to an incompatible right knee implant. There was no progressive impairment until 35 weeks gestation when she had a left-sided weakness. She had caesarean section under general anaesthesia. MRI later revealed spine compressing mass from cervico-medullary junction to C3. Seven days postpartum, she had tumour debulking surgery with subsequent neurological improvement. Histopathologic examination (HPE) showed meningioma. Case 2: A 36-year-old lady with a four-month headache presented at 23 weeks gestation with vomiting, blurred vision, left-sided imbalance, and positive cerebellar signs. MRI revealed a left cerebellar tumour with hydrocephalus. For pregnancy prolongation, hydrocephalus was relieved with daily cerebrospinal fluid aspiration through Ommaya catheter. At 26 weeks, her symptoms worsened despite additional intravenous steroids. She had caesarean section and delivered a healthy 1.17 kg baby. Subsequently, a tumour excision was done and one month later she was asymptomatic with no residual tumour or hydrocephalus on MRI. HPE showed hemangioma. **Discussion:** Early recognition of a CNS tumour is as delayed diagnosis compounded with pregnancy-related rapid tumour growth increases morbidity. A timely intervention is imperative for optimal maternal and fetal outcomes.