



Figure 1 Colonoscopic view of the polypoid mass.

A 41-year-old woman (gravida 2, para 2) was admitted to hospital with intermittent abdominal pain which she experienced during defecation. Her medical history was uneventful. Colonoscopy revealed a hyperemic, polypoid mass with a stalk, 15 cm from the anal verge (Figure 1); computed tomography revealed a right ovarian mass that was continuous with the intraluminal lesion in the sigmoid colon. At surgery, a right ovarian mass was identified which was adhering to the sigmoid colon and to the pelvic peritoneum on the right side. Right salpingo-oophorectomy and an anterior resection with a colorectal anastomosis were performed. The resected specimen included a pedunculated polyp of the sigmoid colon, which was continuous with an ovarian mass (Figure 2). The length of the polyp stalk was 1.8 cm. The pathological diagnosis was a benign mature cystic teratoma which had ruptured, leading to the formation of a colonic fistula, and which had subsequently protruded into the colonic lumen. The patient had no postoperative complications and was discharged from hospital 8 days after the operation.

The complications of ovarian teratoma include torsion, rupture, infection, and malignant change [1]. The rupture of an ovarian teratoma into an adjacent hollow viscus is a rare complication. Previously re-



Figure 2 The resected specimen, showing the polypoid mass from the sigmoid colon to be continuous with an ovarian mass.

ported endoscopic examinations of teratomas that have ruptured into the adjacent colon have revealed the presence of hair or teeth in the mass and polypoid masses extending into the rectum [2]. In the present case a right ovarian teratoma had ruptured into the colon and appeared as a pedunculated polyp on colonoscopy examination. It is important to distinguish between primary rectal teratomas and protruding ovarian teratomas. The majority of primary rectal teratomas feature pedunculated polyps protruding into the rectal lumen which have arisen as a result of the peristaltic movement of the bowel [3], and can be removed endoscopically [4]. A pedunculated polyp extending into the rectum from an ovarian teratoma is an extremely rare occurrence and one which requires surgical treatment.

Endoscopy_UCTN_Code_CCL_1AD_2AC

H.-C. Park¹, S.-H. Park², W. Kim³,
J.-G. Park¹

¹ Department of Surgery, Seoul National University College of Medicine, Seoul, Republic of Korea

² Department of Pathology, Seoul National University College of Medicine, Seoul, Republic of Korea

³ Department of Internal Medicine, Seoul National University College of Medicine, Seoul, Republic of Korea.

References

- Palombini L, Vecchione R, De Rosa G, Cortese F. Benign solid teratoma of the sigmoid colon: report of a case. *Dis Colon Rectum* 1976; 19: 441–444
- Landmann DD, Lewis RW. Benign cystic ovarian teratoma with colorectal involvement: report of a case and review of the literature. *Dis Colon Rectum* 1988; 31: 808–813
- Mauer K, Waye JD, Lewis BS, Szporn AH. The hairy polyp: a benign teratoma of the colon. *Endoscopy* 1989; 21: 148–151
- Green JB, Timmcke AE, Mitchell WT jr. Endoscopic resection of primary rectal teratoma. *Am Surg* 1993; 59: 270–272

Corresponding Author

J.-G. Park, M.D.

Department of Surgery
Seoul National University College
of Medicine
28 Yonggondong
Chongno-gu
Seoul 110-744
Republic of Korea
Fax: +82-2-742-4727
E-mail: jgpark@plaza.snu.ac.kr