

# A Dermoid Cyst In Pregnancy With Well-formed Dental Structures Removed During Caesarean Surgery

## Case Report And Review Of The Literature

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### Introduction

Adnexal masses in pregnancy accounts for 0.2 to 2% of all cases and persistent cysts towards end of pregnancy are largely dermoid or functional cysts<sup>1</sup>. Complications of dermoid cysts warrant surgery during early trimesters of the pregnancy in most instances and conservative management approach is prudent in asymptomatic patients where surgery can be planned towards end of pregnancy or during post-partum period<sup>2</sup>. This holds the dilemma of weighing risks of surgery and anaesthesia during pregnancy versus risks of cyst accidents and complications during conservative management.

### Objectives

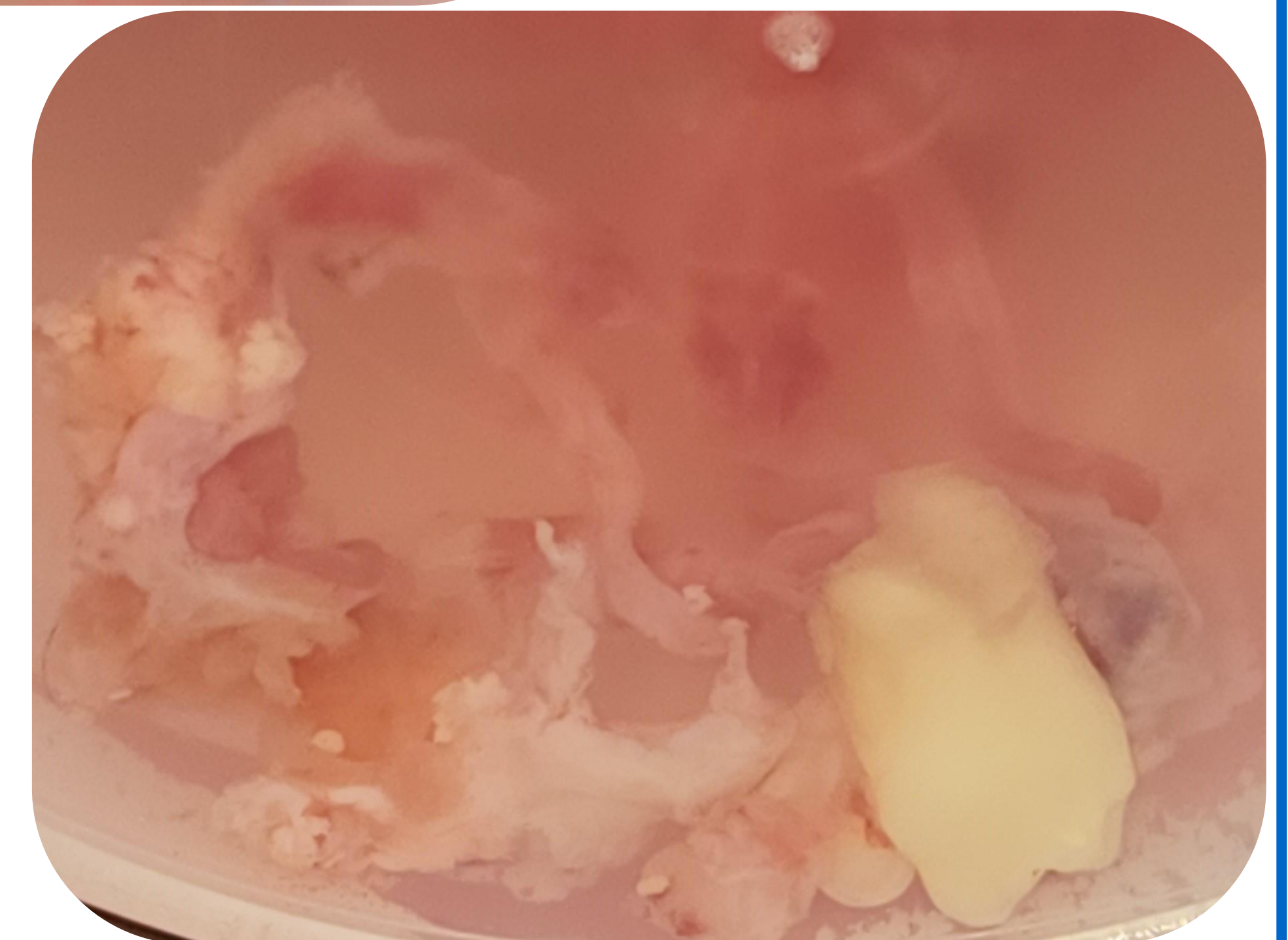
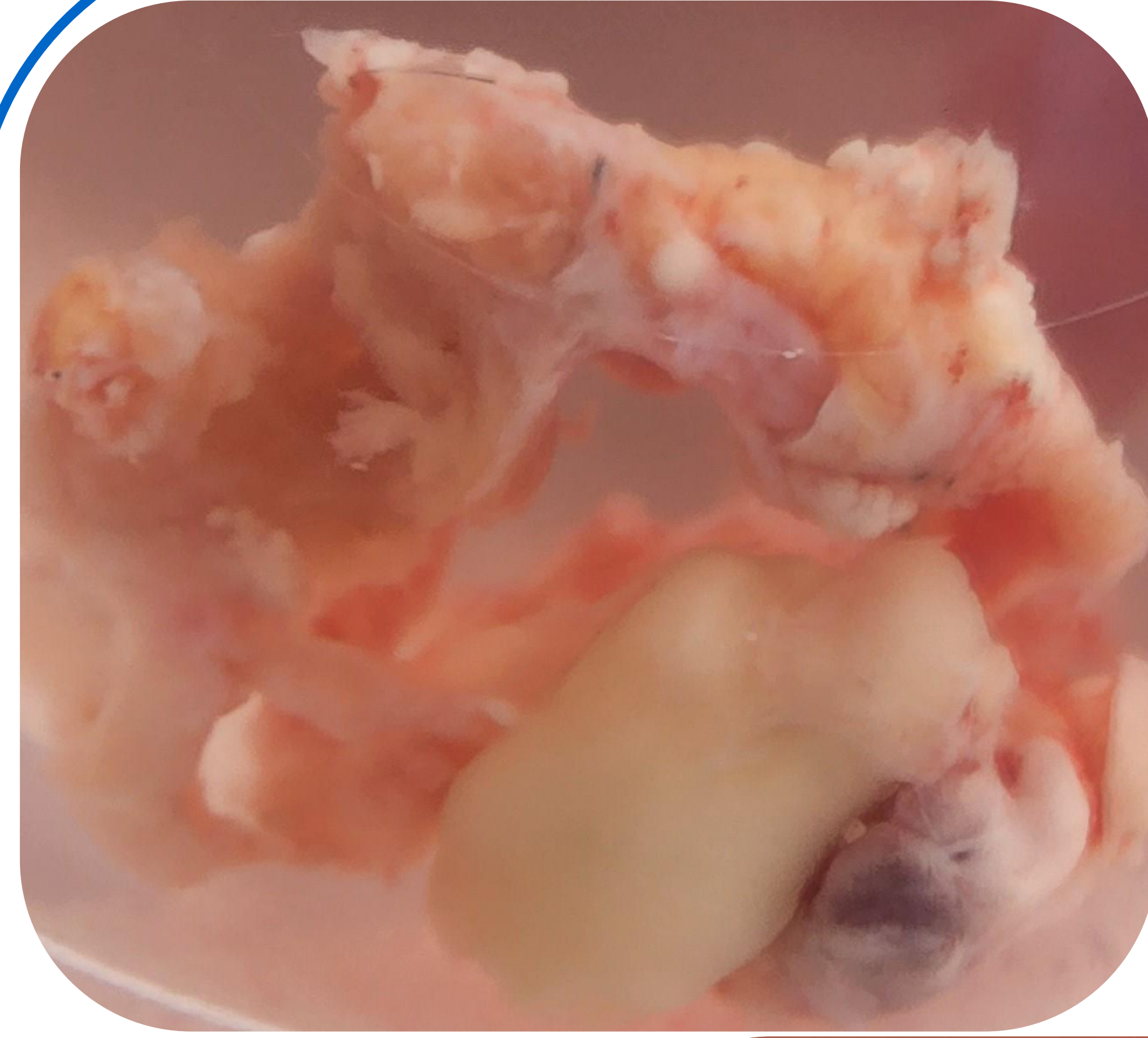
To describe an illustrative case of dermoid cyst with well-formed tooth particles removed during Caesarean surgery and to review literature for management recommendations of such cases in pregnancy.

### Case

We present a case of ovarian dermoid cyst in a 29-year-old primigravida diagnosed in pregnancy and managed conservatively during second and third trimesters and essentially ended up in having cystectomy performed during emergency caesarean surgery for poor progress in labour. The dermoid cyst was distinguished by a well-formed tooth along with skin and adnexal structures as confirmed by histopathology.



### Results



Dermoid cysts can be conservatively managed during the pregnancy depending on the size and symptomatology and surgical management is an alternative option during the second trimester if the cyst is large and symptomatic.

### Discussion

Dermoid cyst arises from abnormally differentiated totipotent germ cells.

The lining epithelium is typically stratified squamous and contains cutaneous elements like sebaceous glands, hair follicles and rarely teeth.

The gold standard to detect an ovarian tumor during pregnancy is ultrasound.

Most literature states that surgical management is a reasonable option to treat dermoid cysts preferably during second trimester if they grow beyond 6 cm in diameter while conservative management is acceptable in most cases where patient is asymptomatic<sup>3,4</sup>.

#### References

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