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Case Report

Adenocarcinoma of Rectum Coexisting with Mature Cystic Teratoma of both Ovaries

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Abstract

A 61-year-old woman was diagnosed with rectal carcinoma. Colectomy and bilateral oophorectomy were performed. There was no peritoneal dissemination. Our case showed that colonic carcinoma coexisted with benign adnexal neoplasm. This fact suggests that the histogenesis of multiple benign or malignant tumors is likely to be secondary to an unexplained stimulus. Perhaps, the collection of cases will sooner than later be explanatory.

Keywords: *Rectal Cancer; Ovarian Teratoma; Synchronous Tumors; Nigerian Igbos*

Introduction

Benign mature cystic teratomas (MCT) are relatively common in the ovaries. This was evident in our previous study [1] which was carried out among the Igbos [2], who constitute a large Ethnic Group in Nigeria, West Africa. Alimentary tract carcinomas have also been documented in this Group [3]. We report here a case of colonic cancer that coexisted with bilateral adnexal teratoma.

Case Report

A 61-year-old woman, postmenopausal for a few years, consulted her surgeon with 1-year history of intermittent blood-stained well-formed stools as well as occasional frank rectal bleeding. Finger examination demonstrated a polypoid anorectal mass. Biopsy of this mass revealed well differentiated adenocarcinoma with stromal invasion. The patient was staged preoperatively as being in the earliest stage. At surgery, there was no dissemination in the abdominal cavity. However, a 10 cm long anorectum with an ulcerated growth 2 cm from the anal verge was delivered. There were small polyps above it, the most proximal being 2 cm superiorly. No lymph nodes were present during the operation. However, both ovaries contained cystic masses which measured 6.5 cm and 4.5 cm respectively. Hispathologic examination demonstrated well differentiated adenocarcinoma of the rectum (Figure 1). Both ovarian lesions were found to be partly cystic, thick walled and filled with putty-like materials (Figure 2). The histological examination showed the 3-layer typical features of MCT. The patient made an uneventful recovery following her surgery.

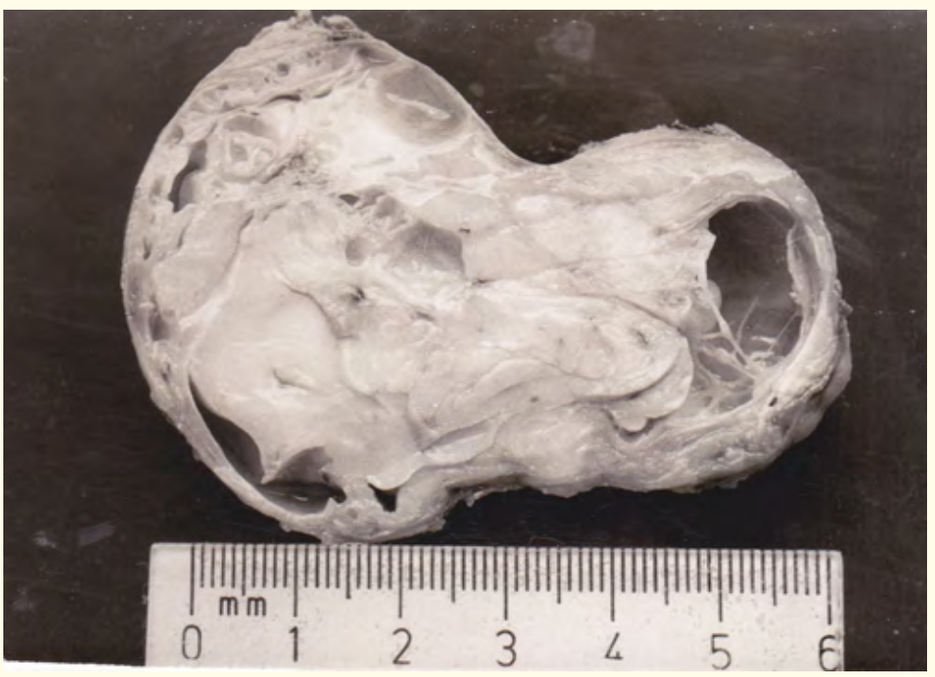

Figure 1: *Cross section of ovarian teratoma.*

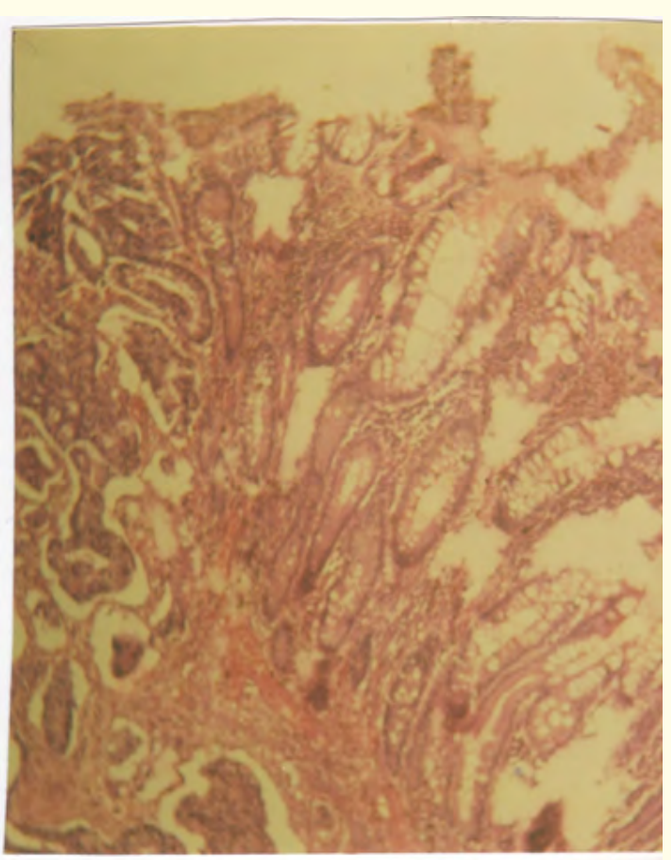

Figure 2: *Rectal adenocarcinoma with normal rectum junction.*

Discussion

Teratoma of the ovary is usually cystic and is typified by the presence of the three germ layers [4]. Teratoma may occur at any age, but is commoner in younger individuals [5], although it may be striking in the postmenopausal patient [6]. The principle histologic type of invasive rectal cancer is the adenocarcinoma [7]. Concerning the rectum, the age range is older as in a former local report [3] as well as in a recent series [8].

Multifocal disease, both malignant and benign, is noteworthy. One of us reported on triple carcinomas of the lungs [9]. Korean authors [10] documented primary carcinoma of the fallopian tube coexisting with MCT and reviewed the literature.

Histogenesis of multiple benign or malignant tumors is likely to be secondary to an unexplained stimulus. While it may be linked with an embryological relationship as has been canvassed [11], an ordinary mode of association may well be that of mere coexistence in the same region of the body, i.e., the pelvis. Perhaps, more important was the presence of polyps in the present case. This is because such polyps are being specially categorized in current morphological and molecular studies which emphasize the need for "the appropriate follow-up and management of patients" [12].

Conclusion

In conclusion, our case showed that rectal carcinoma coexisted with the bilateral ovarian teratoma. The diagnosis of such presentations is becoming increasingly important especially with regard to the choice of treatment and follow-up.

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