



## THE SUPERINFECTION OF DERMOID CYSTS IN NIGERIA

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### ABSTRACT

*Mature cystic teratoma of the ovary may be complicated by torsion, rupture, and malignant change, but is rarely complicated by infection. Here we report two cases. One was associated with subumbilical hernia operation, and the other followed appendectomy. In all probability, the complication was due to nosocomial infection in this developing community. This is of forensic importance.*

**Keywords:** Teratoma, Cyst, Ovary, Superinfection, Nigeria.

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### Contribution/ Originality

TN and WO operated. WO took care of the literature.

## 1. INTRODUCTION

Teratoma is defined classically as a tumor consisting of the three layers of the body [1]. Therefore, it occupies an interesting place in pathology. For instance, a recent report concerned its presentation as orbital cellulitis in a 5-month-old baby [2]. However, it is in the ovary that it most frequently surfaces [3]. Therefore, this study of two cases having the same presentations, namely, an inflammatory overlay, in this community are worthy of record.

## 2. CASE REPORTS

### 2.1. Case 1

A 33-year-old multipara without significant past medical history presented at the Out Patient Clinic of the University of Nigeria Teaching Hospital, Enugu. She had a reducible sub-umbilical hernia. During surgery, a left ovarian cyst was found by one of us (TN) and excised. The specimen was sent to the senior author (WO). It was a 3 x 6 x 3 cm cystic mass containing yellowish grumous materials with black hairs. Microscopy revealed a corpus luteum as well as several follicular cysts. The main lesion was an abscess, there being pyogenic exudates together with granulation tissue. Skin, sebaceous glands, sweat glands and fat were present. The abscess was apparently superimposed on the desquamated part of a cystic teratoma.

### 2.2. Case 2

A 20-year-old nullipara presented with fever and right iliac fossa pain and mass of 3 weeks duration at the above Hospital under one of us (JO). There was a previous history of appendectomy for the same problem 3 months earlier. Ovarian cystectomy and peritoneal toilet were performed. Routine pathologic examination was undertaken.

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A 9 x 6 x 3 cm mass showed ball of hairs in a single cavity while part of the thickened well displayed purulent exudates superficially as well as bony and soft tissues deeply. Infected benign teratoma was diagnosed.

### 3. DISCUSSION

Mature cystic teratomas may be complicated by such factors as torsion [4] pregnancy [5] and malignant change [6] but superinfection is so rare that single cases have been reported [7, 8]. It is noteworthy that, in our two cases, each was antedated by an operation. Accordingly, each lesion probably resulted from the well known nosocomial infection ravages [9] which are necessarily rampant in an underdeveloped community!

### 4. CONCLUSION

Is it important to have these cases published? Yes. One thing is certainly the forensic problem of introducing infection into an operation. In this context, Duerden [10] emphasized that modernizing medical microbiology services is an essential obligation.

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