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Papillary Thyroid Cancer in the Ovaries? A Case of Struma Ovarii

Sapna Raghunathan  
*University of Nebraska Medical Center*

Anery Patel  
*University of Nebraska Medical Center*

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correctly identified relative afferent pupillary defect (RAPD) while 88% (111) students and 95% (18) residents correctly identified Horner's syndrome. 97% (123) students and 95% (18) residents correctly used appropriate pharmacological drops to confirm Horner's pupil. Post training, students reported improved confidence in identification of all 5 pupillary abnormalities (p=0.00), while residents reported most improvement in the confidence in diagnosing Adie pupil (p=0.00) and using pharmacologic agent to confirm anisocoria (p=0.00).

**Conclusion:** All trainees showed significant improvement in confidence and competence in pupillary examination after using the APS. Virtual-reality based practical training can shorten time to competency for critical medical examination techniques. [https://doi.org/10.32873/unmc.dc.gmerj.1.1.030](https://doi.org/10.32873/unmc.dc.gmerj.1.1.030)

### Papillary Thyroid Cancer in the Ovaries? A Case of Struma Ovarii

**Sapna Raghunathan, Anery Patel**

**Mentor:** Anery Patel

**Program:** Diabetes, Endocrinology, and Metabolism

**Background:** Struma ovarii is a specialized teratoma predominantly composed of mature thyroid tissue. Accounts for 5% of all teratomas. They could be benign or malignant, compose >50% of overall tissue, to be categorized as struma ovarii. Clinical and biochemical findings of hyperthyroidism are uncommon. Here, we present a case of struma ovarii with co-existing thyroid nodules.

**Methods:** This is a middle-aged patient with no past medical history, who presented to the PCP with dysmenorrhea and menorrhagia. The patient was found to have a complex 8 cm ovarian cyst with normal CA-125. The patient underwent a right oophorectomy and bilateral salpingectomy for removal of the mass. Pathology showed the ovarian cyst wall containing thyroid tissue, mostly benign, but with two small foci of follicular variant of papillary carcinoma in the background of struma ovarii.

**Results:** Pathology of the thyroid gland showed lymphocytic thyroiditis with no evidence of malignancy.

**Conclusions:** Thyroid cancer metastatic to the ovary can be confused with true struma ovarii. Primary thyroid cancer rarely metastasizes to the ovary, and in these cases, the ovary does not have teratomatous features. Thyroidectomy helps to monitor recurrence, as thyroglobulin can then be produced only by the tumor. [https://doi.org/10.32873/unmc.dc.gmerj.1.1.032](https://doi.org/10.32873/unmc.dc.gmerj.1.1.032)