

Unusual presentation of Retroperitoneal Teratoma

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Objective: We present a case of a 1-year-old female child who had a rapidly growing retroperitoneal mass causing respiratory distress, which proved to be a retroperitoneal teratoma.

Background: Teratomas are tumors that contain tissues derived from all three germinal layers (ectoderm, mesoderm, and endoderm). Retroperitoneal teratoma are rare and are tumors of childhood. Primary retroperitoneal teratoma in children accounts for 3.5–4 % of all germ cell tumors and 1–11% of primary retroperitoneal neoplasms, although these tumors are silent in nature, especially in young children, they may present with abdominal pain, flank pain, or back pain which are nonspecific. However, it can also cause abdominal swelling, palpable mass or obstructive gastrointestinal/ genitourinary symptoms along with lymphatic obstruction. Rarely they may progress to an abscess formation due to secondary infections or an acute peritonitis due to rupture, or with hemorrhage within tumor and even malignant transformations. Here we are discussing an unusual presentation of retroperitoneal teratoma.

Results: In view of the rapidly progressing nature of the lesion, causing respiratory distress and with suspicion of intratumoral hemorrhage, a decision was taken to perform an emergency exploratory laparotomy. Histopathology study of the excised specimen revealed that it was a cystic structure measuring 10*7*4cm and was well encapsulated. The vertical cut section showed solid and large cystic areas with fluid. The absence of vertebral column bone, cartilage, and other anatomical structures on microscopy favored the diagnosis of Mature Cystic Teratoma over Fetus in Fetu. The patient was followed up with an ultrasound and α -fetoprotein levels at 3 months, 6 months, and then yearly for two years. After 2 years of follow-up, there are no signs of recurrence and other complaints and the patient is doing well.

Conclusions: The main step of treatment for retroperitoneal teratoma is complete surgical resection and the prognosis depends primarily upon the adequacy of surgical resection. Detailed gross and microscopic histopathological examination of the excised tumor stands as the gold standard for diagnosis. Surgical excision of retroperitoneal teratoma in toto is a curative and definite treatment modality in such patients.



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