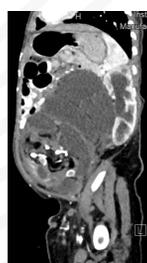
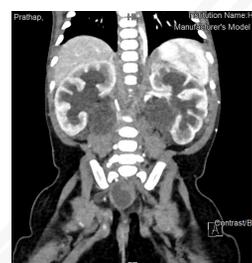
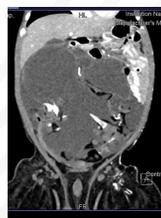
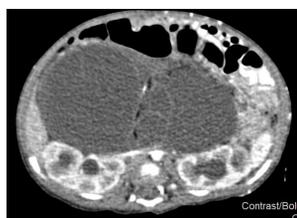


Introduction

Teratomas are congenital germ cell tumors derived from all three germ cell layers. The sacrococcygeal region being the most common in infants. Most teratomas in children are benign.

Case description

This reports described a case involving a 3-month-old male infant who presented with progressive abdominal distention and vomiting post feeding. Physical examination noted abdominal is distended with a palpable pelvic mass. Ultrasound revealed 8cm x 6cm intrabdominal cystic mass causing significant hydronephrosis and compressing major intra-abdominal vessels. CECT abdomen confirmed a heterogenous, contrast enhanced retroperitoneal abdominal mass with cystic components and calcifications, indicating mature teratoma. Patient underwent laparotomy and tumour excision. Intra operatively noted huge pelvic tumour solid cystic predominantly likely sacrococcygeal teratoma type 4, histopathological examination showed matured teratoma.



CT abdomen scan showed a well defined huge heterogeneously enhanced mass approximately 9.0 x 12.4 x 13.9 cm (AP x W x CC)

Discussion

A review of teratomas cases in pediatric patients in Malaysia highlighted the rarity of primary retroperitoneal teratomas, accounting for 3-5% of childhood tumors, leading to complications such as obstructive uropathy.

Diagnosis are usually supported by imaging, where ultrasound serves as first-line investigations, while CT scans provide insights into the tumor's extent and vascular relationships.

Due to their resistance to chemotherapy, surgical resection remains the primary treatment option. The prognosis for patients with neonatal teratomas post-surgical removal is generally favorable, with survival rates nearing 80-100%.

Conclusion

In conclusion, accurate and early diagnosis of retroperitoneal cystic mature teratomas in infants is essential. This case underscores the importance of considering such tumours in the differential diagnosis of abdominal mass, and highlights the necessity of timely surgical intervention to ensure successful outcomes.

Key words: Retroperitoneal mass, Teratoma, Paediatric abdominal mass

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