

Special Article – Pediatric Surgery

Retroperitoneal Teratoma in a Child with Clinical and Operative Photos

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Clinical Image

Retroperitoneal teratoma are rare lesions seen in 3.5-4% of all germ cell tumors in children and 1-11% of primary retroperitoneal neoplasms. Germ cell tumors are congenital tumors containing derivatives of all the three germ layers. They are frequently seen in gonads [1]. They may present in extragonadal sites also like mediastinum, sacrococcygeal region and retroperitoneum [2] (Figure 1).

Patients usually present with abdominal distension or a palpable mass. The tumor detected antenatally has a higher incidence of malignancy than those in older children [3]. Ultrasonography and CT are useful tools for evaluation of the lesion. Alfa fetoprotein is the tumor marker that helps to detect recurrence (Figures 2 & 3).

Complete excision of the tumor offers the best chance of cure [4]. Even large tumors with bilateral involvement of the retroperitoneum can be excised while preserving adjacent organs. Malignancy is uncommon in retroperitoneal teratoma [5]. Prognosis is generally good and curative if the tumor is completely removed.



Figure 1: Clinical picture showing extension.



Figure 2: CT scan demonstrates a large retroperitoneal heterogeneous mass.

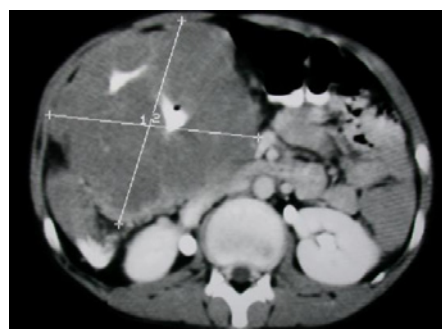


Figure 3: Excised teratoma.

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