**Picture Stories**

**A case of gastric teratoma**

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**Case report**

A 5 month old baby boy presented with gradually increasing abdominal distension since birth. Abdominal examination revealed distension with visible dilated veins and an everted umbilicus (Figure 1). There was a firm to hard lump over the left hypochondrium and epigastrium extending up to the left iliac region and crossing the midline, measuring approximately 10 x 20 cm in size.

![Figure 1: showing a huge abdominal mass](image)

There was no evidence of free fluid on percussion. On auscultation, there was no bruit over the lump and bowel sounds were normal. CT scan of abdomen was suggestive of a large well defined lower density mass lesion in the central abdomen measuring 145mm x 105mm x 93mm, involving the mesentery and left anterior pararenal space with peripheral enhancement; the lesion showing internal septations with areas of calcification and fat density, displacing the bowel loops peripherally on right side and superiorly, pancreas superiorly and superior mesenteric vessels towards right side, possibly a cystic teratoma (Figure 2).

![Figure 2: CT scan of abdomen](image)

Exploratory laparotomy with adhesinolysis, total excision of the teratoma followed by gastroplasty was done. The excised teratoma was sent for histopathological examination which confirmed the diagnosis of mature cystic teratoma (Figure 3).

![Figure 3: Cross section showing homogeneous solid area and multilocular cystic area with mucinous material. Hairs present](image)
The postoperative period was uneventful and the patient was discharged on the 15th post operative day. The child came after 3 weeks for follow up and was normal.

**Discussion**

Gastric teratoma is a rare tumour, accounting for less than 1% of all teratomas in infants and children. To date, less than 100 cases have been reported in literature. The tumour usually occurs in children less than 1 year of age, especially neonates with a predilection towards males though it can also rarely occur in females. Some of these tumours are pedunculated and are attached by a pedicle to the stomach. Gastric teratomas have been found to be associated with Beckwith Wiedemann syndrome and peritoneal gliomatosis.

**References**


