

Picture Stories

A case of gastric teratoma

Pareshkumar A Thakkar¹, Phanse Supriya¹, Shukla Omprakash², Nayak Siddharth³, Javdekar Bakul⁴

Sri Lanka Journal of Child Health, 2013; **41**(1): 54-55

(Keywords: abdominal lump; gastric teratoma; gastroplasty)

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

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

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

¹Assistant Professor of Paediatrics, ²Associate Professor of Paediatrics, ³Honorary Paediatric Surgeon, ⁴Head and Professor of Paediatrics, Medical College & SSG Hospital, Baroda

(Received on 13 February 2012: Accepted after revision on 14 March 2012)

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 children¹. To date, less than 100 cases have been reported in literature²⁻⁶. 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 females⁷. Some of these tumours are pedunculated and are attached by a pedicle to the stomach⁸. Gastric teratomas have been found to be associated with Beckwith Wiedemann syndrome and peritoneal gliomatosis⁹.

References

1. Cairo MS, Grosfeld JL, Weetman RM. Gastric teratoma: unusual cause for bleeding of the upper gastrointestinal tract in the newborn. *Pediatrics* 1981; **67**:721-4.
2. Munoz NA, Takehara H, Komi N, Hizawa K. Immature gastric teratoma in an infant. *Acta Paediatrica Japan* 1992; **34**:483-8.
<http://dx.doi.org/10.1111/j.1442200X.1992.tb00993.x>
3. Joo M, Kang YK, Lee HK, et al. Intrapulmonary and gastric teratoma: report of two cases. *Journal of Korean Medical Science* 1999; **14**:330-4.
4. Shirodkar NP, Chopra PS, Marker M, et al. Conjoined gastric and mediastinal benign cystic teratomas. Case report of a rare occurrence and review of literature. *Clinical Imaging* 1997; **21**:340-5.
[http://dx.doi.org/10.1016/S0899-7071\(96\)00078-2](http://dx.doi.org/10.1016/S0899-7071(96)00078-2)
5. Dunlap JP, James CA, Maxson RT, Bell JM, Wagner CW. Gastric teratoma with intramural extension. *Pediatric Radiology* 1995; **25**:383-4.
<http://dx.doi.org/10.1007/BF02021715>
6. Bourke CJ, Mackay AJ, Payton D. Malignant gastric teratoma: case report. *Pediatric Surgery International* 1997; **12**:192-3.
<http://dx.doi.org/10.1007/BF01349998>
7. Senocak ME, Kale G, Buyukpamukcu N, Hicsonmez A, Caglar M. Gastric teratoma in children including the third reported female case. *Journal of Pediatric Surgery* 1990; **25**:681-4.
<http://dx.doi.org/10.1007/BF01349998>
8. Ratan SK, Kulshreshtha R. Immature gastric teratoma in an infant. *Indian Pediatrics* 1999; **36**:847-9.
9. Falik-Borenstein TC, Korenberg JR, Davos I, et al. Congenital gastric teratoma in Wiedemann-Beckwith syndrome. *American Journal of Medical Genetics* 1991; **38**:52-7.
<http://dx.doi.org/10.1002/ajmg.1320380113>