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Giant Cervical Teratoma In Adults: Case Report

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Abstract:
Teratomas are tumours of embryonic origin, most commonly found in the sacrum and coccyx. Localisation in the neck is rare, occurring in only 3% of cases, with a high mortality rate of up to 80% in the neonatal period as a result of airway obstruction. Immaturity is not a sign of malignancy when the tumour is managed during the neonatal period. We will report a case of a patient diagnosed and treated in the otorhinolaryngology surgery department of the Hassan II military hospital in LAAYOUNE, highlighting the fact that there is still a lack of antenatal screening, despite improvements in the management of newborns.

Keywords: *Giant cervical teratoma, adult, surgery*

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I. Introduction:

Derived from the Greek word teratos which means monster, teratomas are malformative tumours derived from the transformation of germinal cells. These tumours are most often discovered in children and are exceptionally found in adults (1).

Teratomas are classified into three types: mature, immature and malignant. Cervical location is rare, and requires multidisciplinary management. The symptoms found in these patients are consistent with a tumour process. The curative treatment of this tumour is surgery by total resection and does not require any adjuvant treatment (1,2).

We report a case of mature cystic cervical teratoma in a 19-year-old adult, and describe our diagnostic approach and management.

II. Observation

Patient E. M., aged 19, was admitted to the department with a large cervical mass that had been evolving spontaneously for two years. The patient complained of dyspnea on exertion accompanied by deformity of the lateral part of the neck.

Physical examination revealed a large latero-cervical mass in the left supra-sternal region. The mass was fixed in relation to the deep plane, painless, hard and poly-lobed, with progressive onset and the presence of a tracheal deviation with no signs of dyspnea at rest, no inflammatory signs and no collateral venous circulation.

A cervico-thoracic computed tomography (CT) scan revealed a voluminous left anterolateral cervico-thoracic mass with a triple lobulated fluid and fatty tissue component and enhanced after injection of PDC iodine, The mass was 85 mm high, 75 mm wide and 55 mm thick, with multiple partitions extending from the retro-sternal thymic cavity in contact with the aortic arch vein to the posterior surface of the left sternocleidomastoid muscle opposite C6. This mass exerts a mass effect on the aerodigestive axis and the thyroid gland, which are displaced to the right side, and the left jugulo-carotid vascular axis, which is displaced posteriorly, with no cervical adenopathy.

Treatment consisted of total removal of the mass by cervicotomy under general anesthetic.

Histological examination showed a mature teratoma. The post-operative course was straightforward.

III. Discussion

Teratomas are malformative tumours resulting from the transformation of multipotent germ cells. These tumours are composed of ectodermal, endodermal and mesodermal tissues in varying proportions, hence the term embryonal tumour [3,4].

It is a rare tumour, with one case in 40,000 births. Cervical localization accounts for 1.5 to 5% of all localizations [5], with a clear female predominance (3/4 of cases). Its volume, which impedes normal foetal

growth, can lead to prematurity or hypotrophy. The germ cells migrate to the yolk sac during the first weeks of intrauterine life and colonise the sex cord, forming primitive undifferentiated gonads. During their migration, they may stop to transform and form a benign or malignant germ cell tumour, which may be located from the head to the coccyx of the patient [5,6].

The teratoma is a very heterogeneous, cystic tumour with solid parts. Hair, bone and cartilage fragments may be found. It is necessary to carry out a total exeresis and take multiple samples to avoid missing an undifferentiated, malignant area, the presence of which may change the prognosis [5,7].

Antenatal diagnosis by ultrasound is possible as early as the 2nd trimester in the presence of hydramnios, but especially if a mass containing calcifications is visualised on ultrasound.

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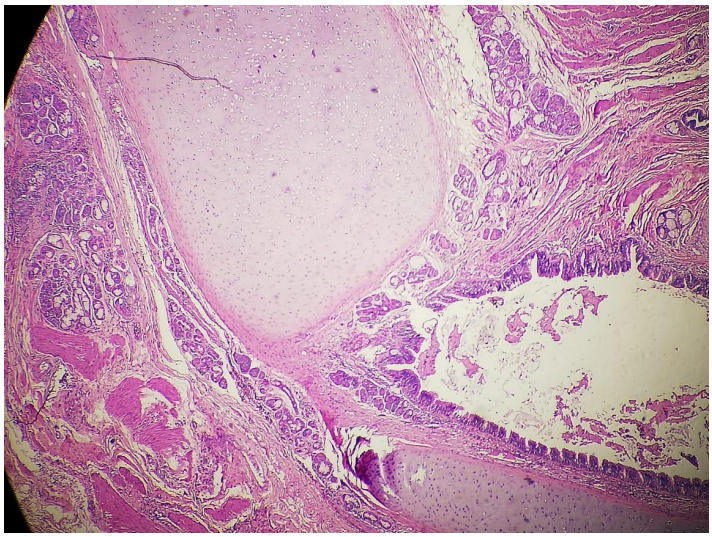
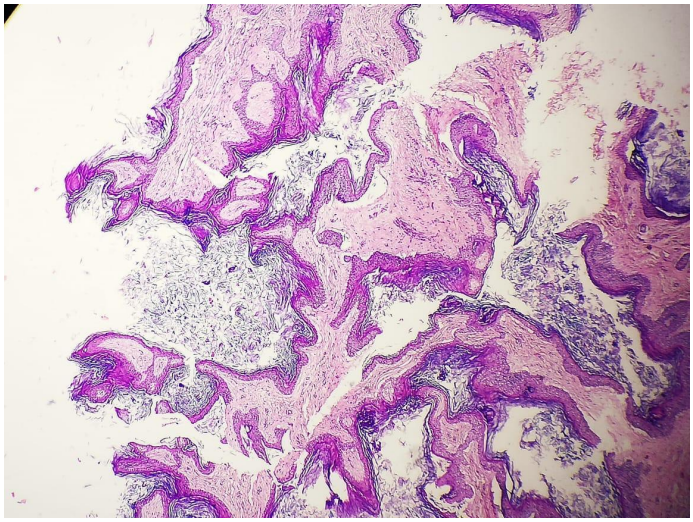
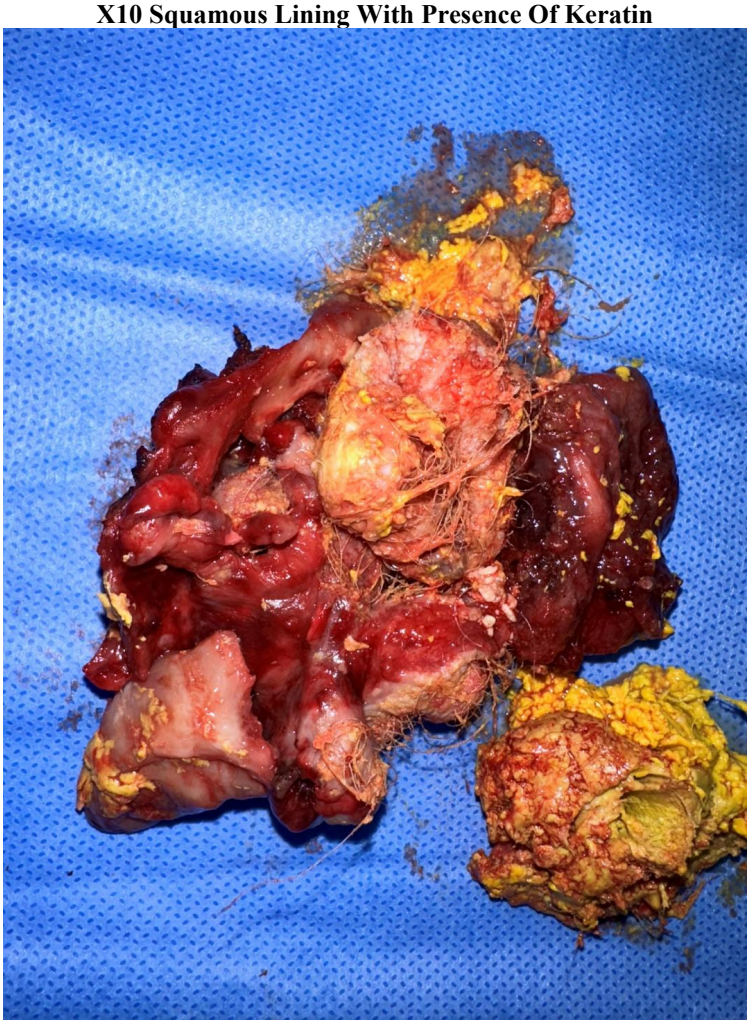


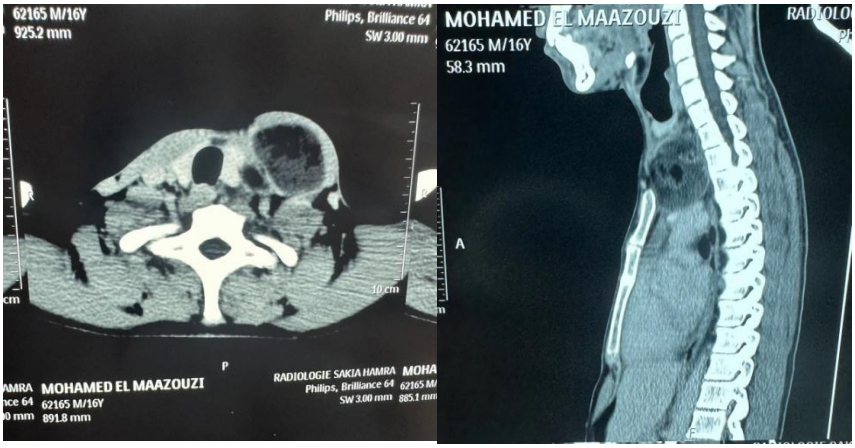
X10 Cartilaginous Parenchyma And Respiratory-Type Lining Of Sub-Normal Morphology



X10 Squamous Lining With Presence Of Keratin



Macroscopic Appearance Of The Surgical Specimen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925.2 mm
Philips, Brilliance 64
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MOHAMED EL MAAZOUZI
62165 M/16Y
891.8 mm
RADIOLOGIE SAKIA HAMRA
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SW 3.00 mm
MOHAMED EL MAAZOUZI
62165 M/16Y
58.3 mm