Congenital Nasal Teratoma

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Key Words : Teratoma : Nasal Teratoma

Teratoma are true tumours arising from totipotential cells. They most commonly arise in the ovary or testis and occasionally may be seen in other locations like mediastinum and neck. Most teratomas of infancy and childhood arise in sacrococcygeal region or the gonads. Here, we present and discuss a rare case of nasal teratoma. This condition may be misdiagnosed as nasal probosciskateralis from which it is differentiated by the normal development of the nose.

Case Report

A 4 months old female child was brought to the ENT OPD with complaints of a pedunculated mass projecting from (RT) nostril which was present since birth and was gradually increasing in size. The child also had occasional difficulty in breast feeding. Examination showed a 5 cm long fleshy pedunculated mass projecting from (RT) nostril (Fig 1). It was firm in consistency, non tender, non pulsatile, did not increase in size on coughing or straining and did not bleed on touch. There was flaring of the (RT) ala and widening of dorsum of the nose. Examination of throat and neck was normal. Aural and ocular examination was also normal. X-Ray nasopharynx. lateral view showed normal air column in nasopharynx. CT Scan did not show any sphenoidal or intracranial extension. surgical excision was advised but parents were unwilling.

Fig 1 : Showing Nasal Teratoma

Discussion

The word teratoma means "A tumour like malformation". Teratomas are true neoplasms that contain tissues foreign to the site of origin. It is now generally accepted that teratomas may arise from both germ cells and non germ embryonic cells. The haphazard arrangement of tissues with asynchronous maturation is believed to escape the controlling

influence of the primitive streak notocord or adjacent structures. Teratomas grow aggressively and in head and neck they most commonly occur in the cervical region followed by nasopharynx (Alter 1987). Teratoma of nose and nasopharynx typically arise from lateral or superior walls and are of four type (Bale - 1975).

1. Dermoid Cyst :-commonest form composed of ectoderm and mesoderm.
2. Teratoid Cyst derived from all three germ layers but poorly differentiated.
3. True teratoma composed of all three germ layers with specific tissue differentiation and
4. Epignathus in which well developed foetal parts are recognised.

Nasopharyngeal teratomas are pedunculated masses filling the nasopharynx and may have nasal or oropharyngeal extension. They present at birth, CT Scan and MRI are critical to define the extent of the neoplasms and to exclude either a nasoencephalo meningocele or intracranial extension of a sphenoid based teratoma through craniopharyngeal canal (Tapper 1983). Malignant metastasizing teratomas are extremely rare in children but adult forms of teratomas are usually malignant. Treatment of nasal and nasopharyngeal teratomas is surgical removal. Preoperative planning with imaging is essential to determine full extent of the tumour. Intraoperative bleeding is usually less due to poor vascularization and if removal is complete recurrence is rare (Billimire - 1986).

Reference

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