Retrorectal Teratoma: A Rare Cause of Pain in the Tailbone

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Abstract Retrorectal tumors are extremely rare and heterogeneous, requiring complete surgical excision for definitive diagnosis and optimal outcome. We describe a patient presenting with chronic “tailbone pain” who was found to have a benign cystic teratoma in the presacral space. She underwent en bloc resection and recovered well. Radiographic and pathologic images from this unique case are depicted and clinical features discussed.

Keywords Teratoma · Retrorectal tumor · Congenital · Presacral cyst

Report of a Case

A 36-year-old female presented with chronic “tailbone pain” for several months. Digital rectal exam revealed a soft, multilobular posterior mass approximately 5 cm from the anal verge. Magnetic resonance imaging of her pelvis demonstrated a 4-cm bilobar, cystic solid mass in the presacral and precoccygeal space without bony or rectal

wall invasion (Fig. 1). The patient underwent en bloc resection of the mass with the removal of S5 and coccyx via a transsacral approach. Pathology showed a mature cystic teratoma confirmed by the presence of both endodermal components (respiratory epithelium), and ectodermal derivatives (sebaceous cells) without any evidence of dysplasia (Fig. 2). The patient is doing well at 3 months follow-up.

Tumors in the retrorectal space are extremely rare, presenting in only 1 in 40,000 admissions, according to one report [1]. Because this region contains numerous embryologic

Fig. 1 Sagittal view of a T2-weighted MRI showing 4-cm cystic solid mass in the retrorectal space without bony or rectal wall invasion (arrows; R, rectum; S, sacrum; V, vagina)

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Fig. 2 Histopathologic analysis, demonstrating heterogeneous lining of the cyst containing endodermal derivatives (arrows, ciliated columnar cells consistent with respiratory epithelium) adjacent to a cluster of sebaceous cells of ectodermal origin (box) (H&E; 10×)

remnants, tumors tend to be quite heterogeneous as well. Most are benign, but all require surgical resection for histologic confirmation and definitive diagnosis. Surgery can be performed via a transsacral, transabdominal, or combined approach, depending on the extent of the lesion along the sacrum and the degree of invasion.

Teratomas are congenital tumors that contain tissue from each germ cell layer and may progress to cancer in up to 10% of cases, if left untreated [2]. They are mostly found in children, and when discovered in adults are frequently malignant, requiring en bloc coccygectomy with variable long-term prognosis. For the unusual case of a benign lesion, as encountered in this patient, survival is excellent, but local recurrence is common. Repeat resection is often indicated to achieve definitive cure [3].

Conflict of interest None.

Grants None.

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