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NASOPHARYNGEAL TERATOMA*

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Congenital nasopharyngeal teratomas are an uncommon but a well-recognized group of tumors affecting infants and children. Teratoid tumors of the nasopharynx originate from the sphenoid bone, the hard and soft palate or the jaw[1]. Depending on the size of the tumor, difficulty in feeding and breathing are the most common symptoms. Surgical excision of the tumor is the procedure of choice in the management of these tumors.

As nasopharyngeal teratomas are very rare and since, to the best of our knowledge, no case of a nasopharyngeal teratoma has as yet been reported from Turkey, we wanted to present this case.

Case Report

U.Y., a five-month-old boy infant, presented with the complaints of mild respiratory distress and difficulty in feeding. On examination, a pink round mass, approximately 2x1,5 cm in diameter was found at the fauces. In addition to this, there were horn-like malformations on the skin of the neck (Figure 1). Under general anesthesia the tumor was excised with polyp forceps and snare. The tumoral mass was found to be attached by a large stalk to the inferoposterior nasopharyngeal wall and vomer at the midline. No bleeding occurred in the postoperative period.

Macroscopic examination revealed a regularly shaped, soft, lobulated mass 2 x 2 cm in diameter. Microscopic examination of the specimen showed central nervous system elements, adipose tissue, smooth muscle, mucous and sweat gland formations. The surface of the tumor was covered by a squamous epithelium (Figure 2). The final diagnosis was of a mature nasopharyngeal teratoma.

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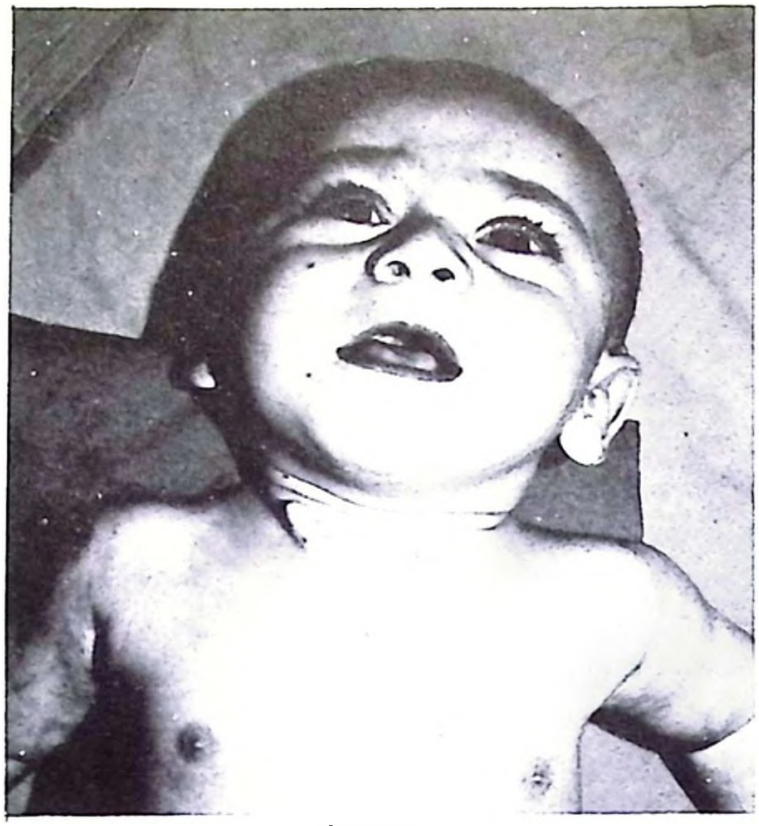

Figure 1

The cervical horn-like lesions.

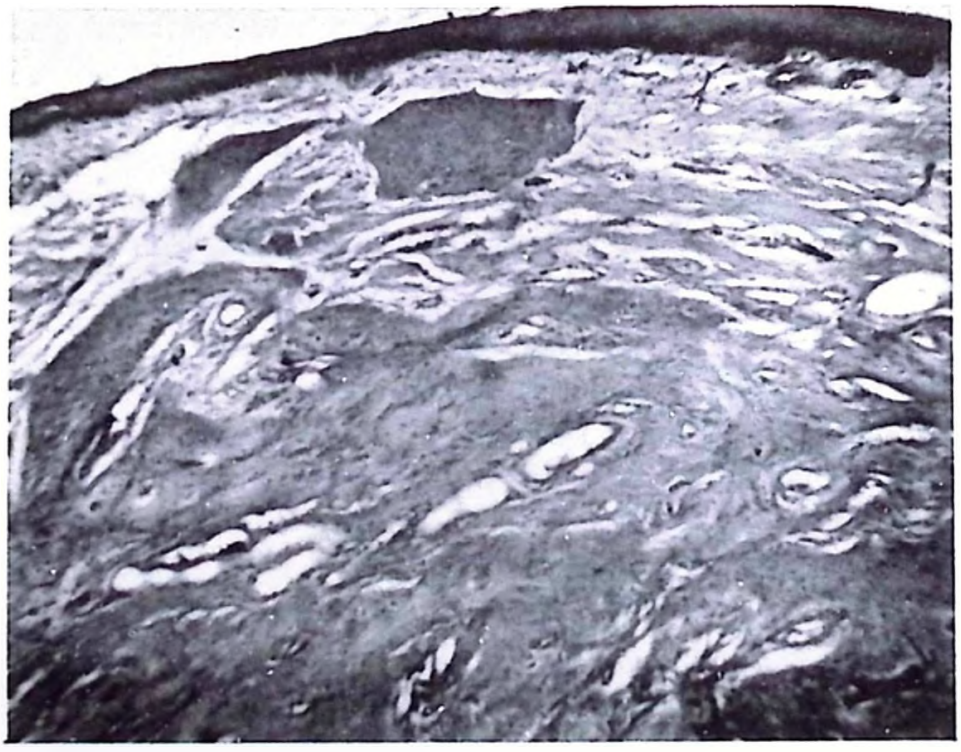

Figure 2

Note the glial and smooth muscle tissue under the covering of squamous epithelium (HE x 100).

During a follow-up of eleven months no recurrence has been observed and the boy has seemed healthy and symptomless.

Discussion

Tumors of the nasopharynx in the newborn and infants are uncommon and almost all of them are teratomas. In 1958, Foxwell and Kelham[2] reviewed reports of 91 cases of nasopharyngeal teratomas published between 1784 and 1958. Similar cases of teratomas in the newborn or infants have been reported by various authors since then[1,3,6].

Regardless of their origin, teratomas must be regarded as both developmental abnormalities and tumors. Other congenital malformations are often found in children with teratomas. Although, several different pathological types of tumor have been described, teratomas generally contain derivatives of two or more germ layers and they may be classified as mature, immature and malignant from the standpoint of histopathological appearance and future behavior. The mature teratomas are benign neoplasms and contain recognizable adult tissue. Patients with these lesions are cured by surgical excision of the mass. When such a tumor is completely removed, recurrence is uncommon[7].

In conclusion, the possibility of an oronasopharyngeal teratoma should be considered in an infant or a newborn with the complaints of difficulty in feeding and breathing in association with the physical findings of other congenital abnormalities such as horn-like lesions. If there is indeed a teratoma every effort must be made to remove it completely at the earliest convenience.

Summary

The case of an infant with nasopharyngeal teratoma in association with congenital horn-like skin lesions and causing respiratory distress and difficulty in feeding, is reported.

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