

Gastric Teratoma

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History

Newborn with palpable left sided mass.

Diagnosis

Gastric Teratoma

Discussion

Gastric teratomas occur in neonates and infants, with a marked preponderance in boys. Gastric obstruction by the mass may produce polyhydramnios prenatally or postnatal feeding problems. The mass often is detected by palpation. In virtually all cases, gastric teratoma is an isolated finding and is not associated with other tumors or malformations.

Gastric teratomas are rare, accounting for approximately 1% of pediatric teratomas. In the neonate, teratomas are most frequently seen in the sacrococcygeal region. Throughout childhood, these tumors also are seen in the head, face, neck, mediastinum, retroperitoneum, and the gonads. Although gastric teratomas usually are benign, they may contain immature neuroepithelial tissue that appears malignant histologically. Patients with gastric teratomas, even those with malignant histologic features or exophytic extension into adjacent organs and tissues, have an excellent prognosis. Surgical resection of the entire mass usually is curative; incomplete resection may result in recurrence.

Findings

CR-Large abdominal mass with calcifications, displacing the bowel to the right. Note the rightward deviation of the UVC.

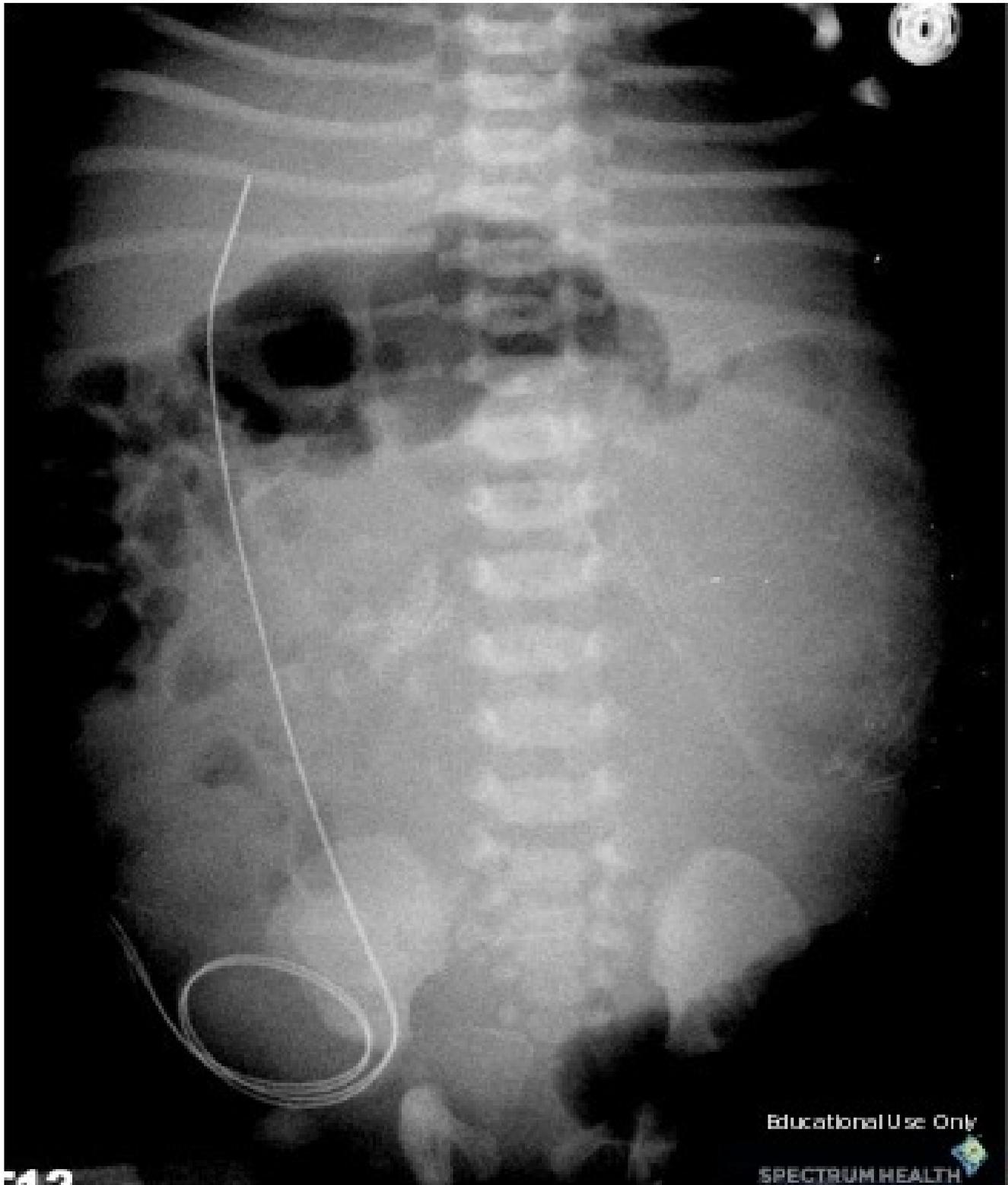
CT- Axial and coronal reformats confirm large left-sided mass with shardlike calcifications.

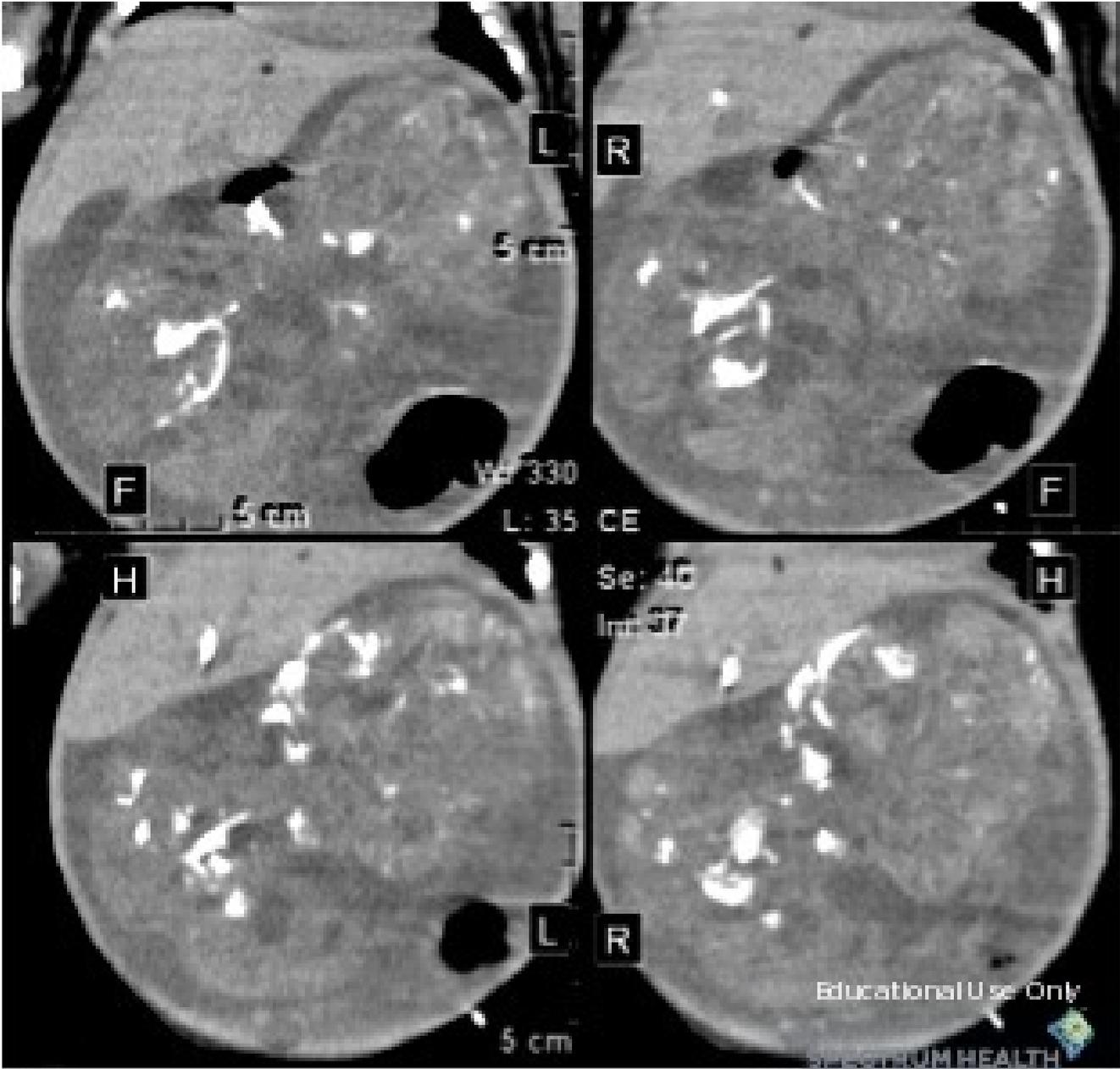
Reference

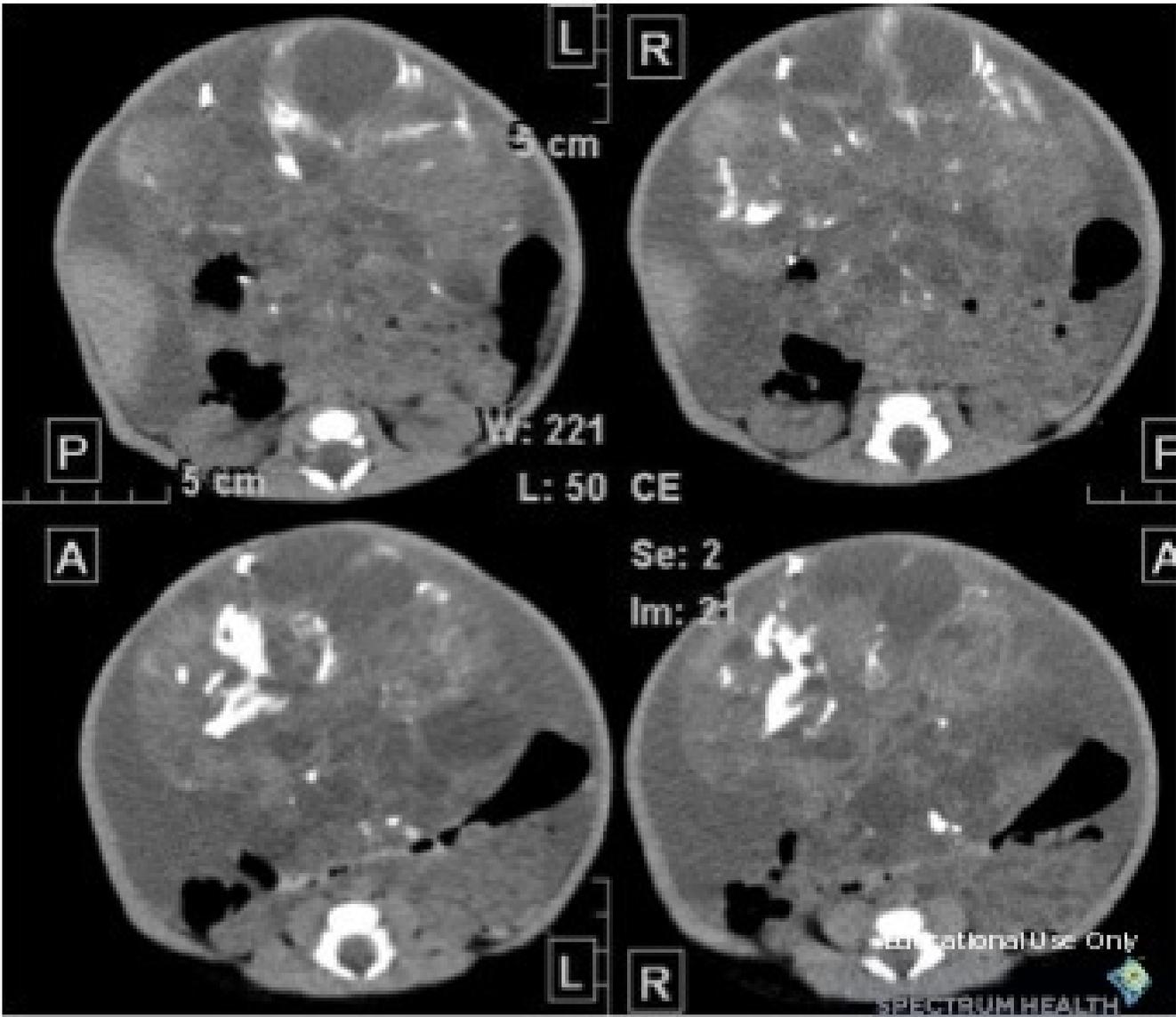
Gore MD, Fernbach SK. Case 52: Gastric Teratoma. Radiology (2002); 225:497-499.

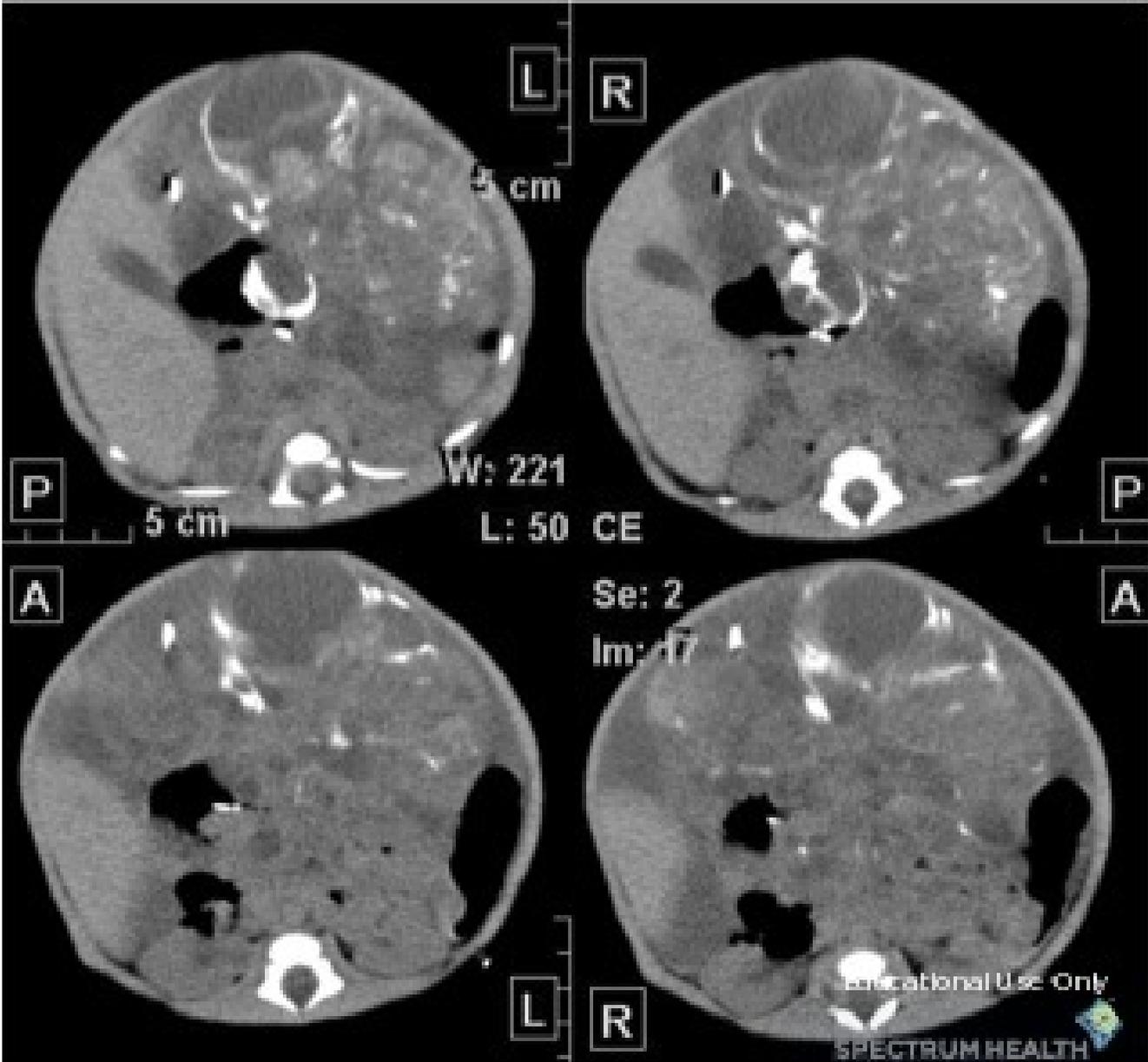
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