



Case report

Oral teratoma (epignathus) in a newborn: A case report

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ABSTRACT

An oropharyngeal teratoma (epignathus) is a rare malformation composed of cells from all three germinal layers and few papers have been published about it. Epignathus arises from the palate or pharynx and protrudes from the mouth. We present a large skin-covered teratoma that arose from the hard palate in a neonate. A total surgical excision was performed and histology examination showed mature teratoma with no malignant features.

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1. Introduction

Teratoma was defined by Weaver et al. as a tumour consisting of multiple tissues that are not indigenous to their site of origin [1]. In Greek teratoma means; monstrous tumour. It is a tumour composed of multiple tissues foreign to the normal organ from which it arises. Teratomas are true neoplasms originating from pluripotent cells and are composed of tissues from all three germinal layers, usually benign in nature. The most common sites are the sacrococcyx, anterior mediastinum, testicle, ovary, or retroperitoneum [1,2]. Teratomas of head and neck are exceedingly rare and only about 10% of teratomas are found in this area. Nasopharynx and cervical region are the most common sites [3–8,23]. Epignathus; is commonly used to describe a congenital teratoma in the oropharyngeal region, with an estimated incidence of one in 35,000 to one in 200,000 live births [5,25,29]. We describe a female neonate with a large oral teratoma originating from the anterior hard palate that was successfully treated with surge.

2. Case report

A 2.6 kg female neonate born at 38 weeks gestation in August 2010 by vaginal delivery to a 22-year-old mother (G2 P1) who had irregular antenatal examinations during pregnancy and obstetric history was unremarkable. Apgar score of the newborn was normal. Examination showed a large, bony, fleshy, trapeziform mass



Fig. 1. A large, bony, fleshy, trapeziform mass protruding from her oral cavity.

6 cm × 5 × 3 cm in diameter with smooth surface covered on one side with numerous fine and coarse hair and protruding from her oral cavity (Fig. 1).

Due to the oral mass, feeding was not possible and there was mild respiratory distress. She was referred from her hospital of birth to our hospital. At the initial examination the mass was mobile and attached to a stalk that originated from the hard palate (Fig. 2).

Computed tomography showed a complex mass protruding from the oral cavity. It was viewed three-dimensionally and seen to arise from the palate. It consisted of cystic, fat, bony, and neural elements, with defined teeth within the bone (Fig. 3).

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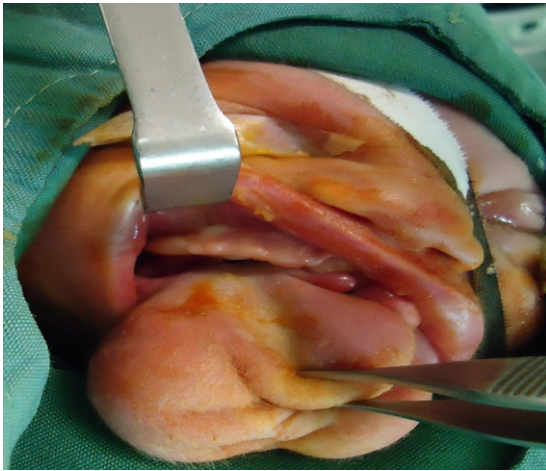


Fig. 2. The mass was mobile and attached to a stalk that originated from the hard palate.

As there was no associated anomaly and the mass was localized, an excisional biopsy was planned. Under general anesthesia, the mass was ligated and totally excised at 10th day (Fig. 4).

After excision of the mass, hemostasis achieved (Fig. 5).

Histopathological examination of the mass revealed mature teratoma with mature keratinising squamous epithelium, skin adnexa, adipose tissue, teeth, neurological tissue and bone formation. Smooth muscle fibers were scattered throughout of specimen (Fig. 6).

Postoperatively the palatal wound epithelialised well. She had a nasogastric tube at the age of 2 weeks. Masseteric function

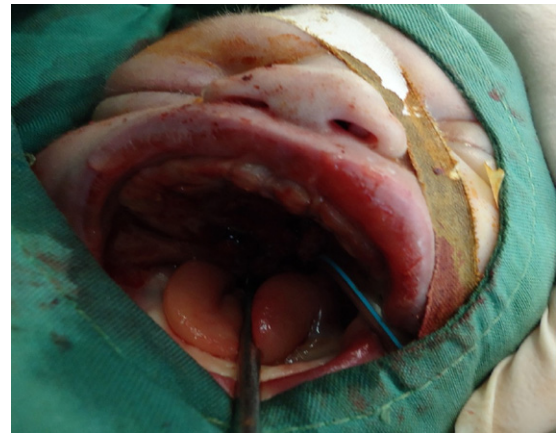


Fig. 5. Oral cavity after excision of the mass.

and swallowing slowly improved over several weeks. The infant remained asymptomatic and was discharged home on day 28 of life. At present, she is well and symptom-free at 2 month follow-up.

3. Discussion

Teratomas contain all three primordial germ cell layers (ectoderm, mesoderm and endoderm) [5–8,28] and histologically they may be mature, immature or malignant [6]. They may arise from different sites of the body, the most common site in the newborn is the sacrococcygeal region, (accounting for nearly 40% of the total cases) [9]. Less than 5% occur in the head and neck [9,26]. Epignathus is a teratoma arising from the oropharynx [6,29,30]. When

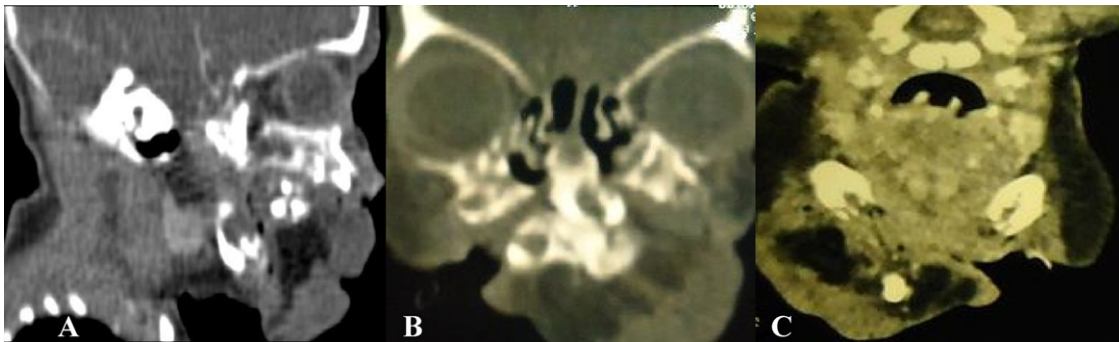


Fig. 3. CT showed a complex mass protruding from the oral cavity. (A) Sagittal and (B), coronal and (C) axial views.

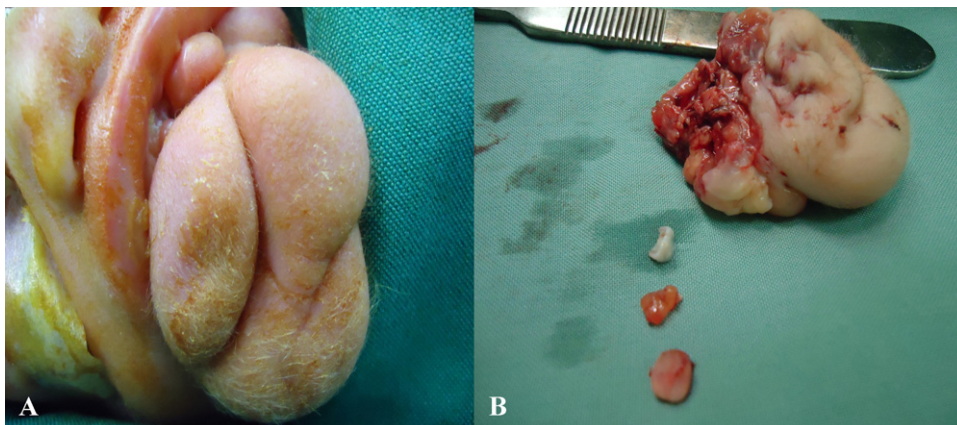


Fig. 4. (A) Dorsal view of mass with fine and coarse hair, (B) ventral view and teeth.

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