

## PHOTOCLINIC



**A** neonate who was born at 24 weeks of gestational age died in few minutes after birth. In physical examination a distended abdomen, ambiguous genitalia and imperforated anus was seen. Autopsy revealed female gender, agenesis of left kidney and a large cystic mass containing 1.5 liter fluid with attachment to a small portion of the small intestine. Pathology demonstrated a fibromuscular tissue that was covered by stratified squamous epithelium and one layer of cuboidal cells. Also unremarkable intestinal tissue was present.

The neonate's mother was a 24 year old woman referred to the clinic because of severe abdominal distention, respiratory distress and palpitation. In

ultrasound she revealed a single fetus with a large intra-abdominal mixed cystic mass measuring 108x65mm displacing normal organs and extending to the presacral area. Fat-fluid levels (fluid-fluid appearance) and severe polyhydramnios was also observed. She underwent hystrotomy. She and her husband were first cousins. There was no family history of congenital anomalies or medication use during pregnancy.

**Your Diagnosis?**

See page 50 for diagnosis

**Photoclinic Diagnosis:**

**Mesenteric Teratoma**

**T**eratoma is a neoplasm composed of tissue developed from all the three embryonic layers<sup>1,2</sup> and may present either as a cystic lesion, usually benign or as a solid tumor, usually malignant.<sup>1</sup> It may occur at any age<sup>3</sup> but our case is one of the youngest patients reported to have a mesenteric teratoma. As a rule, in children they are found in the sacrococcygeal region and less frequently in the gonads, cervical area, mediastinum, retroperitoneum, cranial cavity, nasopharynx and the upper jaw.

Intra-abdominal positions are extremely rare and only 25 cases of mesenteric teratoma have been reported until 1999.<sup>1,3,4</sup>

Diagnosis of mesenteric teratoma is rarely made preoperatively and is usually achieved by exclusion of the other causes such as; retrperitoneal masses, developmental cyst(duplication or omental), pseudomasses (meconium pseudocyst) and neoplastic masses (lymphangioma or cystic mesothelioma). Clinically, there are no pathognomonic signs or symptoms and they are usually presented due to compressional effect of the tumor.

Ultrasound is useful and can help in the confirmation of the diagnosis but,only a few cases have been reported to make the diagnosis by ultrasound ,preoperatively.<sup>1</sup>

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**References**

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