Teratoma of Thyroid Gland
A Case Report

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Abstract

A 4 months old boy presented with teratoma tumour of thyroid gland.

The presentation-diagnosis difficulties, anaesthesia difficulties, surgical resection, post operative management and follow up in addition to postmortum report are discussed.

As it is a rare case, I report it.

Case Report

A 4 months old boy from Mohawel village in Hilla admitted to Hilla surgical hospital on 14th-Sep.-1988 complaining from repeated vomiting, abdominal distention and loose bowel motions.

On examanination of the boy, a big mass was noticed in the front of his neck with difficulty in breathing and moving the head to one or other side. (Fig-1-).

All other examination were normal except few crepitation in the right side of the chest.

Perinatal history was normal.

No family history of thyroid disease.

Translumination test was (-ve).

Needle aspiration was partly cystic, partly solid.

Blood investigation were within normal including function test of T3 and T4 were within normal values.

Chest x-ray report : Large soft tissue mass in the neck.

So we send the patient for thyroid scan which revealed:
The scan shows small functioning area in the right neck with almost non functioning other parts of neack masses.

On 10th-Oct.-1988 admitted to Hilla surgical hospital complaining from severe dyspnea, cough, hoarsness of voice and the mass become larger, so diagnosed as chest infection and treated accordingly.

We decide to do the operation after 3days, but because of difficulty of intubation with this big neck mass in a 4 months old boy, so the operation was postpond.

After 10 days (on 23th-Oct.-1988), we did the operation with good trial by the anaesthetist to pass 2.5 size tube and so the operation was through collar incision which showed a big multinodular goiter partly cystic and solid, with cartilage like tissues and muscles.

Nearly total thyroidectomy was performed with drain left in and put on antibiotics. (Fig-2).

Patient recovered nicely postoperatively, the wound was clean.

On the forth post operative day, the patient developed high fever, dyspnea and cough. Diagnosed by peadiatrition as pneumonia.

On the fifth post operative day, the patient died, postmortum was done by the pathologist and the report revealed:

No abnormality was seen in the head.

Collar incision in the neck seen, dissection of the neck revealed intact neck vesseles and nerves.

The thyroid tissue was nearly completly removed, the operation field was clean (no hematoma or bleeding in neck tissue).

Chest: Lung with severe odema and congestion of lower lobe of right lung.

Conclusion

The cause of death not related to the operation, but the cause of death was acute lober pneumonia.

The histopathological examination of the mass revealed:

Section show picture of BENIGN CYSTIC TERATOMA.

Discussion

Teratomas are congenital neoplasms derived from all basic germ cells of the early embryo i.e. cells from all three embryonic layers: ectoderm, endoderm, mesoderm[4].

Sites of origin (in order of frequnecy) are the ovaries, testes, anterior mediastinum, presacral and coccygeal regions and the retroperitioneum[5].

These turmors should be excised because of their malignant potential and the symptoms produced by their size.

A rare but interesting type is the bengin cystic teratoma composed largely of thyroid tissue (struma ovarii), which, if functional, may give rise to hyperthyroidism.

Going back through most of papers regarding thyriod tumours; to my best knowlage no case of thyroid treatoma in situ has been reported, although sheldon (sommers in text

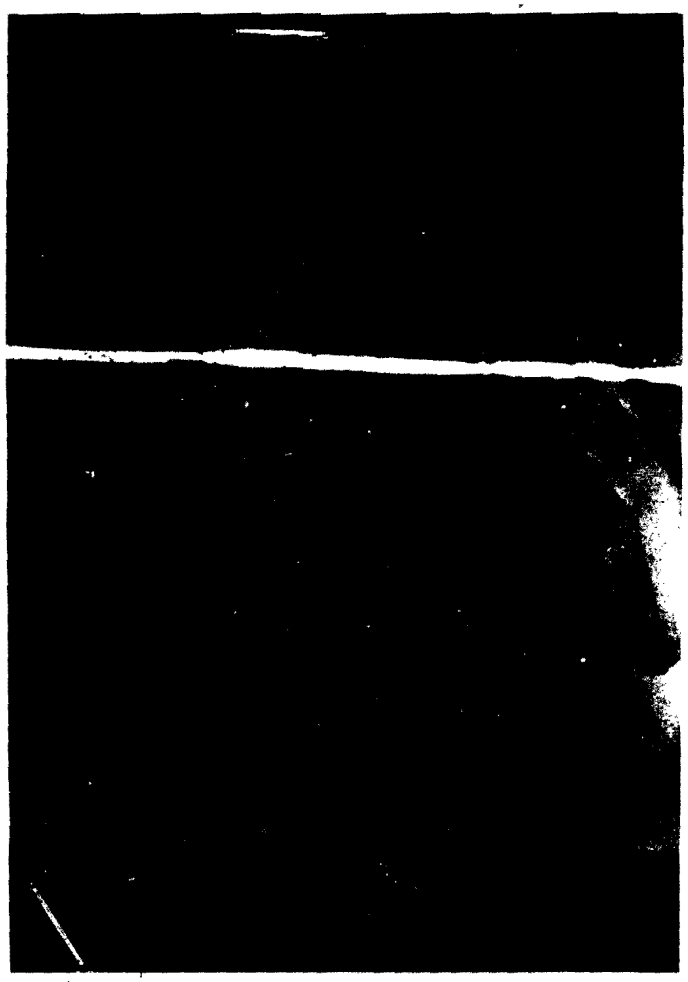

Fig (I) befor op.

Fig (2)

Fig (3)-Post Op.

book of pathology: seventh edition editied by W.A. Anderson volum 2 report).

Teratoma of thyroid gland is curiosity, usually affecting new born infant grossly. Teratoma are partialy cystic with mesodermal components.

The thyriod teratoma is dangerous chiefly because of its strategic cervical location (Sheldon and Sommers).

In view of presenting and reporting this case on its rarety, the way of diagnosis, anaesthesia problems and post operative complication has been mentioned.

References

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عرض حالة مرضية نادرة
ورم الغدة الدرقية المسخي

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الخلاصة

طفل بالغ من العمر ٤ اشهر يعاني من ورم مسخي كبير جداً في الغدة الدرقية.

الصعوبات التشخيصية ، صعوبات التخدير بسبب وضع الورم الستراتيجي في الرقبة ، اجراء العملية الجراحية والمضاعفات التي لازمت الحالة بالاضافة الى التقرير التشريحي للجثة قد تم شرحها بصورة تفصيلية وكونها حالة مرضية نادرة ، قدمت هذه الحالة للتسجيل الطبي.