Sacrococcygeal Teratoma: A Rare Congenital Tumour – Case Report and Surgical Management

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Abstract

Introduction:

- Sacrococcygeal teratoma (SCT) is a tumor of newborn originating from totipotent cells from Hansen's node or primitive germ cells.
- It develops during gestational period and grows from the baby's tailbone (also called the coccyx) during or later in neonatal period.
- An SCTs account for 60% of all teratomas and can be manifest as large exophytic masses in utero.
- SCT occurs in as many as 1 in 10,000 births.
- They are more common in girls (4:1) but are more often malignant in boys.
- Most fetal sacrococcygeal teratomas are not malignant, meaning they are not cancerous.

Case History:

History:

- 2-year-old female child, who was admitted to our facility on in November 2024 with a 1.5 year history of swelling over the Left gluteal region. The swelling was gradually increasing in size and developed redness and tenderness over time with loss of control over Bowel and Bladder

Examination:

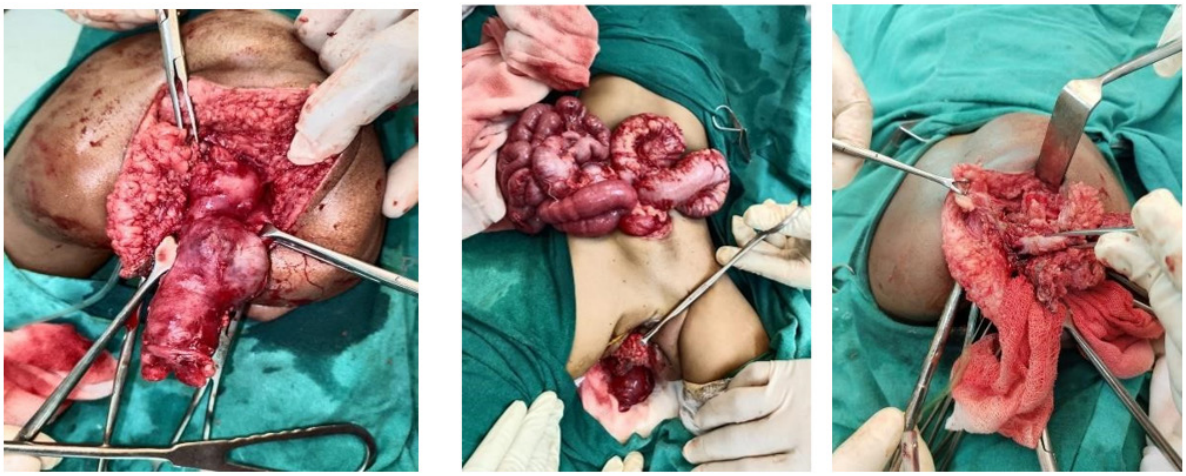
- On examination, a well-defined swelling measuring 15 × 10 cm was noted over the Left Gluteal region. It was tender on deep palpation with signs of localized inflammation

Investigations:

- MRI of Pelvis with abdomen shows A well defined, lobulated, predominantly cystic lesion measuring approximately 5.9 x 9.9 x 11.6 cm is seen predominantly in the pelvis, extending into the lower abdomen and causing a bulging in the posterior perianal region without an obvious exophytic component. -The lesion contains multiple internal septations along the right inferior aspect and papillary projections along the superior and inferior aspects. It is causing a mass effect, displacing the urinary bladder and rectum antero-superiorly and indenting the adjacent Sacro coccyx bone without encasement
- CECT abdomen and pelvis revealed a large multilobulated cystic lesion involving the sacrococcygeal region, with extra fetal and intrapelvic components, along with transitional lipoma, situs inversus, situs abdominalis, double SVC, Morgagni hernia and Bovine arch.
- USG abdomen, which was suggestive of a strangulated hernia along with situs inversus

Operative Findings:

- Intraoperatively posterior sagittal incision was kept, sac was found which was adherent to subcutaneous tissue and was compressing the Bowel and Bladder.
- On Delineating the sac, it was found to be arising from Bony prominence, which was arising from Sacro coccyx, Complete excision done.
- Postoperatively, the patient achieved spontaneous recovery of Bowel and Bladder function.



- The excised specimen was sent for histopathological examination, which confirmed the diagnosis of mature teratomahypoxia which was managed by supplemental oxygen through an oxygen mask. Post operatively S. CEA levels were sent and found to be 2493.86 (reference range <3 microgram/L). This grossly elevated S. CEA levels also confirmed our intraoperative suspicion. Patient was allowed a liquid diet on the 2nd postoperative day, which was tolerated well.

Post-OP Course:

On post operative day 4 patient developed wound gap with mucinous discharge.

Histopathology:

Histopathology report suggestive of Mature teratoma.

Conclusion:

- This case highlights the importance of early recognition, accurate radiological assessment, and prompt surgical intervention in sacrococcygeal teratomas, especially in patients with associated congenital anomalies such as heterotaxy syndrome. Complete excision, including the coccyx, remains the standard of care to prevent recurrence, and long-term follow-up is essential to monitor for potential complications.