

**CONGENITAL MATURE CYSTIC TERATOMA OF PAROTID: A RARE CASE**Nilesh Nagdive<sup>1</sup>, Chandrakant D. Chavan<sup>2</sup>, Sagar Bhambere<sup>3</sup><sup>1</sup>Associate Professor, Department of Surgery, Paediatrics Surgery Unit, Government Medical College, Nagpur.<sup>2</sup>3<sup>rd</sup> Year Junior Resident, Department of Surgery, Paediatrics Surgery Unit, Government Medical College, Nagpur.<sup>3</sup>2<sup>nd</sup> Year Junior Resident, Department of Surgery, Paediatrics Surgery Unit, Government Medical College, Nagpur.**ABSTRACT****INTRODUCTION**

We reported congenital mature cystic teratoma of parotid that presented as a swelling in the left parotid gland region since birth, increasing in size gradually. Teratoma is common neoplasm, but is very rarely found in parotid gland. Thus teratoma should be kept in mind while evaluating a case of a soft tissue mass of parotid area and malignancy should be ruled out.

**KEYWORDS**

Teratoma, Parotid, Parotidectomy.

**HOW TO CITE THIS ARTICLE:** Nagdive N, Chavan CD, Bhambere S. Congenital mature cystic teratoma of parotid: A rare case. J Evid Based Med Healthc 2016; 3(6), 207-208. DOI: 10.18410/jebmh/2016/48

**INTRODUCTION:** Teratoma is an embryonic tumor, which derived from pluripotent stem cells. It consist tissues derived from more than one of the three germ cells.<sup>1,2,3</sup> Teratoma can occur at any age. Depending upon these, congenital teratoma are most common in sacrococcygeal region. Other sites for congenital teratoma include retroperitoneal, mediastinum, cervicofacial, intracranial. Cervical teratomas are rare and accounts for 3% of neonatal teratoma.<sup>1</sup>

Parotid is a very rare site for teratoma with less than 10 cases reported till date. We report this rare presentation in 3-month-old infant.

**CASE REPORT:** A 3-month-old female infant presented with slowly progressive swelling in left parotid region since birth. There was no h/o fever, trauma or any facial asymmetry, also no h/o any fluid or pus discharge. It was non-tender swelling of size 6x5cm having variegated consistency and smooth surface.

Hematological investigations were normal. Local ultrasonography was suggestive of cystic lesion with multiple echoes and solid components having dense calcification. Contrast enhanced CT of left parotid area suggestive of large round cystic lesion with enhancing cystic wall with areas of fat density and ossification in left parotid gland. The parotid gland not separately seen from the swelling. Considering these findings a diagnosis of left parotid cystic teratoma was kept and surgery was planned.

Intraoperatively, the branches of facial nerve were splayed over the tumor. The facial nerve and vessels were separated from tumor and surrounding structures. The tumor was involving superficial and deep lobes of parotid, hence total parotidectomy with ligation of parotid duct at its mucosal opening was done.

Submission 25-12-2015, Peer Review 30-12-2015,

Acceptance 14-01-2016, Published 21-01-2016.

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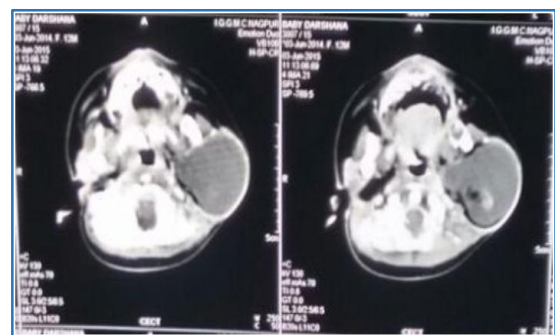
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DOI: 10.18410/jebmh/2016/48

On cut section there was mucoïd fluid, non-foul smelling with protruding ossified areas. Post-operative period is uneventful and H. P. examination report suggestive of mature cystic teratoma.



**Fig. 1**



**Fig. 2**



**Fig. 3**



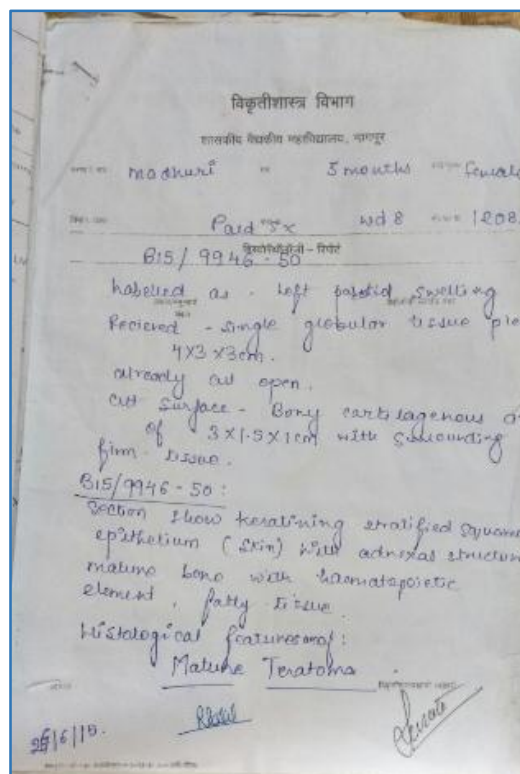
**Fig. 4**

**DISCUSSION:** According to Iraqi cancer registry 2004, parotid gland tumors account for 0.21% of all tumors.<sup>3</sup> A 66.6% of salivary gland tumors originated in parotid. Benign mature cystic teratomas in the head and neck region are uncommon.<sup>3,4</sup> However, mature cystic teratoma of salivary gland are even rare.<sup>3,5</sup> Teratoma originating from primordial germ cells or misplaced blastomeres that contains tissues derived from all three embryonic layers.<sup>3</sup> Parotid gland development requires interaction between the epithelium and mesenchyme. This might explain the presence of ectopic mesenchymal component in benign cystic teratoma of parotid gland.<sup>3</sup>

Clinically it is very difficult to get a clear cut diagnosis, diagnosis can be done by Ultrasonography and CT examination. However, CT gives more information regarding site of origin.<sup>3,4</sup> The recommended management for parotid teratoma is surgical excision.<sup>3</sup> This is a curative management and recurrence is rare.<sup>6</sup> Parotid teratoma has a well-defined capsule, so dissection is not difficult. Special precaution for facial nerve should be taken.<sup>3,7</sup>

As this type of tumor is extremely rare in clinical practice, teratoma as a differential diagnosis was not considered. The potential for malignant transformation increases the responsibility of surgeon to keep patient under regular followup.<sup>1,3</sup>

**CONCLUSION:** Though rare, still teratoma makes an important differential diagnosis of parotid lesions. A surgeon should be aware of its recurrence and malignant transformation nature, so parotidectomy is the sole treatment of choice.



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