01

GASTRIC TERATOMA: OUR 16 YEARS' EXPERIENCE

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Background: Teratomas are germ cell tumors and commonly originate from sacrococcygeal region. Gastric teratomas are extremely rare and accounts for less than 1% of all cases of teratomas. This site of occurrence has unique diagnostic and management issues.
Duration: January 2000 to April 2016

Methodology: The medical record of all the cases of gastric teratoma is reviewed for demography, clinical presentation, investigations performed for diagnosis, operative record, and outcome.

Results: There were a total of 11 patients of gastric teratoma; six were male and 5 were females (M:F 1.2:1). The Median age of presentation was 45 days. Median weight was 5kg (IQ 2kg). The common presenting features were abdominal distension in 10 patients (91%), palpable abdominal mass in 7 patients (64%), hematemesis in 3 patients, vomiting in 3 patients (27%), and melena, diarrhea, and sever pallor each in 1 patient (9.1%). Alpha fetoprotein was only performed in 3 patients preoperatively. At operation, 6 (54.4%) were exogastric tumors, 1 (9.1%) was endogastric, and 4 (36.4) were mixed variety gastric teratomas. Six (54.4%) gastric teratomas were arising from posterior wall of stomach, 3 (27%) from lessor curvature, and 2 (18.2%) from greater curvature and posterior wall. Tumor was excised with partial gastrectomy in 8 (72.7%), total gastrectomy in one (9.1%), and partial gastrectomy and limited transverse colectomy in one (9.1%), and mucosal sparing partial gastrectomy in one patient (9.1%). Six (54.4%) were mature gastric teratoma and 5 (45.5%) were immature. Two patients (18.2%) succumbed in our series postoperatively.

Conclusion: Gastric teratoma mainly presents with abdominal distension and a palpable abdominal mass. Hematemesis or melena may indicate intra-gastric component. Majority of teratomas are exogastric. Partial or occasionally complete gastrectomy is necessary in case of extensive tumor attachment to the stomach. Overall survival is over 80%.