

INTRAPULMONARY MATURE CYSTIC TERATOMA IN A YOUNG FILIPINO MALE

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Introduction: Teratomas are tumors that originate from the 3 germ cell layers and are found primarily in the gonads. Extragonadal teratomas are uncommon and are most commonly found in the mediastinum and sacrococcygeal area. Intrapulmonary teratomas are rare extragonadal germ cell tumors with only 65 cases having been reported in English and Japanese literature, with the first reported case in 1839. It may be asymptomatic or may present as chronic cough, chest pain, hemoptysis, and dyspnea. One rare pathognomonic symptom is trichoptysis or expectoration of hair which when present strongly indicates an intrapulmonary teratoma. Chest radiography results are nonspecific. Chest CT scan is considered the best initial diagnostic tool to aide in the diagnosis by giving the exact location, characteristic, nature, and extent of the mass. They often appear as heterogenous masses owing to the presence of fat, fluid, soft tissue or calcifications. Complete surgical excision and postoperative histopathologic analysis is the gold standard for the definitive management of intrapulmonary teratoma.

Case Presentation and Discussion: A 16 year old Filipino male presented with a 2 year history of chronic cough, hemoptysis, and chest pain. Chest radiography revealed a well defined ovoid density in the parahilar area, infectious versus neoplastic process. Chest CT scan likewise showed a 7.3 x 7.7 x 6.3 cm well defined peripherally enhancing hypodense mass with a central non enhancing component in the left parahilar area compressing and encasing the left pulmonary vein posteriorly. Sputum AFB and genexpert were negative. CT guided core needle biopsy showed non diagnostic histopathologic results. The patient underwent Video Assisted Thoracoscopic Surgery converted to left open thoracotomy upper lobe lobectomy. Histopathologic examination revealed cyst walls containing mature, extrapulmonary tissues including skin and skin adnexa (sebaceous glands, sweat glands and hair follicles), mature adipocytes and pancreatic tissues with a diagnosis of mature cystic teratoma of the lung. Patient was discharged well and no recurrence was noted on follow up.

Conclusion: Intrapulmonary mature cystic teratomas are rare germ cell tumors. It manifests with non specific pulmonary symptoms and chest radiograph findings, hence

one must have a high index of suspicion for individuals who have chronic pulmonary symptoms accompanied by a pulmonary mass on imaging. Employing the use of other diagnostics such as the Chest CT scan will provide more information and give some clarity to the initial diagnostic dilemma.