Mature teratoma as a perineal mass: Unusual presentation

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**A R T I C L E I N F O**

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- Mature teratoma
- Scrotal mass
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**A B S T R A C T**

Mature teratomas are well-defined tumors that contain components which arise from three different layers endoderm, mesoderm, and ectoderm. Although perineal mature teratomas are exceedingly rare, a 37-year-old patient was referred to our hospital with perineal and scrotal mass. The patient underwent thorough resection of the mass. The histological examination of the mass confirmed a mature teratoma.

1. Introduction

Teratomas are classified as mature, which are cystic or solid, or immature. Generally, tumor markers levels are mainly low in mature teratoma, yet they may cause mild serum AFP elevation. Teratomas have at least 2 layers of 3 germ cell layers. Although, perineal mature teratomas are exceedingly rare, a 37-year-old man was observed in our hospital with perineal and scrotal mass. The patient underwent thorough resection of mass, and received appropriate treatment.

2. Case presentation

A 37-year-old man presented with perineal and scrotal painless swelling which had appeared 5 years ago and aggravated since last year. Although no urinary symptoms were observed by the patient, and he has normal intercourse and ejaculation, physical examination revealed a huge mass in perinea and scrotum. Laboratory assessment did not reveal any pathological findings, yet scrotal ultrasonography showed a 110*109*60 mm mass in the perinea and normal testicles. Pelvic magnetic resonance imaging revealed a 115*108*65 mm enhanced mass in the perinea and scrotum without extension to other organs. (Fig. 1a, b, c). The mass was removed completely, and histological examination of the mass confirmed a mature teratoma (Figs. 2–3).

3. Discussion

Mature cystic teratomas are common tumors among children and young adults, yet can be encountered at any age. Typically, masses can arise from the perineum with or without pelvic extension, and lesions in the perineum leads to perineal, gluteal, or labial swelling or mass. Occasionally, clinical findings and symptoms suggest the underlying cause, such as inflammatory changes associated with infectious disorders.

Aggressive treatment of mass lesions, in the form of wide local excision, is often the treatment of choice and is associated with fewer local recurrences in adults. The aim of surgery is to obtain negative resection margins without causing disturbances to urinary or anorectal function.

Teratomas contain some genetic abnormalities including aneuploidy I (12p) and widely variable proliferative capacity.1,2 Mature teratomas are well-defined tumor that contains components arising from all three layers, endoderm, mesoderm, and ectoderm. Pure teratomas are often seen in pediatrics and these tumors can hardly be seen in adults. Teratomas often are considered as mixed germ cell tumor in adults. Signs and symptoms of teratoma are due of occupational lesion and compression that the tumor is caused.

The curative treatment of mature teratoma is surgical resection that leads to good survival if the tumor is pure mature teratoma.

Sacrococcygeal teratomas are mostly common, and best known extragonadal teratomas, among neonates and infants.4 It could be presented with atypical form.5

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Fig. 1. Pelvic MRI showed a 115×108×65 mm enhanced mass in the perineum and scrotum.
Imaging showed a well-defined mass without extension to other organs such as sacrococcyx in our patient. Imaging finding confirmed during the surgery; the mass was removed without any injury to other organs.

Thus, reaching a good vision to these masses is vitally important, and differential diagnosis must be considered with perineal masses that have restricted signs and symptoms.

4. Conclusion

Base of our experience, urologists must be aware of the fact that existence of mature teratoma in perinea is a rare cause, yet likely to be found. The awareness can raise the chance of early diagnosis and treatment.
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