CONGENITAL DYSPNEIC CERVICAL TERATOMA: A RARE CASE REPORT

TÉRATOME CERVICAL CONGÉNITAL DYSPNÉIQUE: À PROPOS D'UN CAS RARE

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ABSTRACT

Introduction: Congenital cervical teratomas are rare neonatal tumors presenting significant airway challenges.
Case Report: We report a full-term newborn with severe respiratory distress due to a cervical mass diagnosed as immature teratoma after surgical excision. Despite urgent intervention, the patient suffered fatal hypovolemic shock in the early postoperative period.
Discussion: This case highlights the diagnostic and perioperative complexities of cervical teratomas in neonates.
Keywords: Teratoma; Head and Neck Neoplasms; Newborn; Respiratory Distress Syndrome

RÉSUMÉ

Introduction: Le tératome cervical congénital est une tumeur néonatale rare, pouvant entraîner une détresse respiratoire sévère à la naissance.
Observation: Nous rapportons le cas d'un nouveau-né à terme présentant une masse cervicale responsable d'une dyspnée aiguë. Une exérèse chirurgicale en urgence a été réalisée, confirmant le diagnostic de tératome immature. L'évolution a malheureusement été défavorable avec un arrêt cardiaque post-opératoire.
Conclusion: Ce cas illustre la gravité des tératomes cervicaux congénitaux et souligne l'importance du diagnostic anténatal et de la prise en charge multidisciplinaire rapide pour améliorer le pronostic vital.
Mots-clés: Tératome; Tumeurs de la tête et du cou; Nouveau-né; Syndrome de détresse respiratoire

INTRODUCTION:

Congenital cervical teratomas are extremely rare, accounting for less than 5% of all pediatric teratomas [1,2]. They are often detected prenatally on ultrasound or MRI, allowing anticipation of delivery and immediate airway management [3,4]. However, in some cases, diagnosis is only made at birth, presenting a high risk of airway obstruction [5].

Cases from North Africa are rarely documented. The aim of this report is to present an exceptional Algerian case and discuss principles of management.

CASE PRESENTATION :

A full-term neonate presented immediately after delivery with severe respiratory distress and a prominent cervical mass. Computed tomography revealed a heterogeneous tumor approximately 17 cm in greatest dimension, containing solid, cystic, and calcified areas, causing marked displacement of cervical structures, notably rightward deviation and compression of the trachea (Figure 1).

Figure 1: Sagittal CT scan of giant cervical mass displacing neck structures.

Endotracheal intubation attempts were difficult secondary to anatomical distortion. An emergency otolaryngology consultation was sought, and a lifesaving but technically demanding tracheotomy was performed. The tumor was subsequently completely excised via an anterior cervical approach. Significant intraoperative bleeding necessitated blood transfusion.

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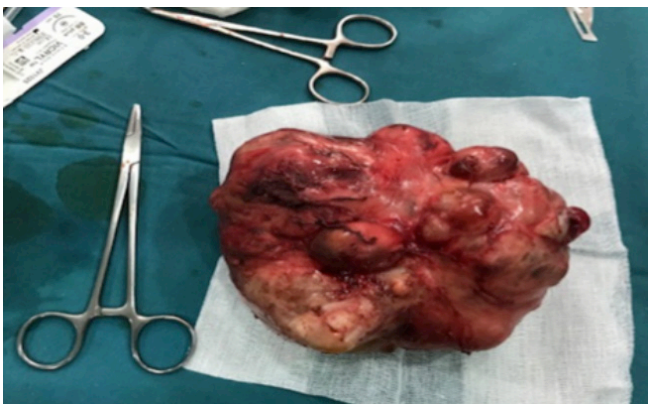

Figure 2: Excised tumor specimen

Histopathological examination confirmed an immature teratoma grade III with neuroectodermal elements without overt malignancy.
The patient unfortunately developed severe hypovolemic shock in the early postoperative period, resulting in death.

DISCUSSION

Cervical teratomas are rare congenital tumors derived from pluripotent germ cells [1,2]. Their clinical importance lies in their potential to obstruct the neonatal airway [5,6]. Prenatal diagnosis is crucial, as it allows planning of the delivery and potential use of the EXIT (ex utero intrapartum treatment) procedure to secure the airway before complete delivery [7,9].
Surgical excision remains the treatment of choice and is often lifesaving if performed early [3,4,10]. Prognosis depends on tumor size, airway compromise, and presence of immature or malignant elements [2,8].
Recent reports continue to emphasize the importance of multidisciplinary collaboration between obstetricians, neonatologists, anesthesiologists, and pediatric surgeons [9].

CONCLUSION

Congenital cervical teratomas require urgent, coordinated multidisciplinary intervention. Early recognition, detailed perioperative planning, and rapid airway management are essential to maximize survival chances in these rare and challenging cases.

Compliance with ethical standards

Disclosure of potential conflicts of interest
The authors declare that they have no conflict of interest.
Research involving human participants and/or animals
This study involved a human participant. The study was conducted in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards. Ethics committee approval was not required for this study according to institutional policy.

Informed consent
Written informed consent was obtained from the patient's parent for publication of this study and any accompanying images. The authors confirm that all identifying information has been anonymized to protect patient privacy.

Funding
No funding was received for this work.

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