

TERATOMA MATURE IN PEDIATRICS CASE REPORT

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INTRODUCTION

• **Ovarian tumors are uncommon lesions in children and adolescents.**

• EPIDEMIOLOGY

The actual incidence of ovarian lesions in Young girls is unknown . An approximate incidence has been estimated as 2,6 cases annually /100.000 girls and malignant ovarian tumors comprise about 1% of all childhood cancers.

The most frequently are the teratomas Although most are benign >80%, some contain immature or malignant elements.

The mature teratoma is the most common type of ovarian germ cell tumour. Also termed dermoid cysts .

Mature cystic teratomas account for 10-20% of all ovarian neoplasms.

They tend to be identified in young women, typically around the age of 30 years and are also the most common ovarian neoplasm in patients younger than 20 years during their reproductive years (from teens to forties).

Are encapsulated tumours with mature tissue or organ components. They are composed of well-differentiated derivations from at least two of the three germ cell layers (ectoderm, mesoderm, and endoderm). They therefore contain developmentally mature skin complete with hair follicles and sweat glands, sometimes luxuriant clumps of long hair, and often pockets of sebum, blood, fat, bone, nails, teeth, eyes, cartilage, and thyroid tissue.

Typically their diameter is smaller than 10 cm, and rarely more than 15 cm.

Real organoid structures (teeth, fragments of bone) may be present in ~ 30% of cases

INTRODUCTION

Complications possibles are ovarian torsion, rupture <1-4%, malignant transformation <1-2%.

Is removed with surgery and the condition is then cured.They are slow growing (1-2 mm a year) and therefore some advocate non surgical management. Larger lesions are often surgically removed.

OBJECTIVES

To describe a pediatric patient with an mature teratoma of the ovary and your management clinic and surgery

RESULTS

A seven years old girl with a five months history of pubarche, without thelarche or acne.

Diffuse abdominal pain but no abdominal masses palpable.

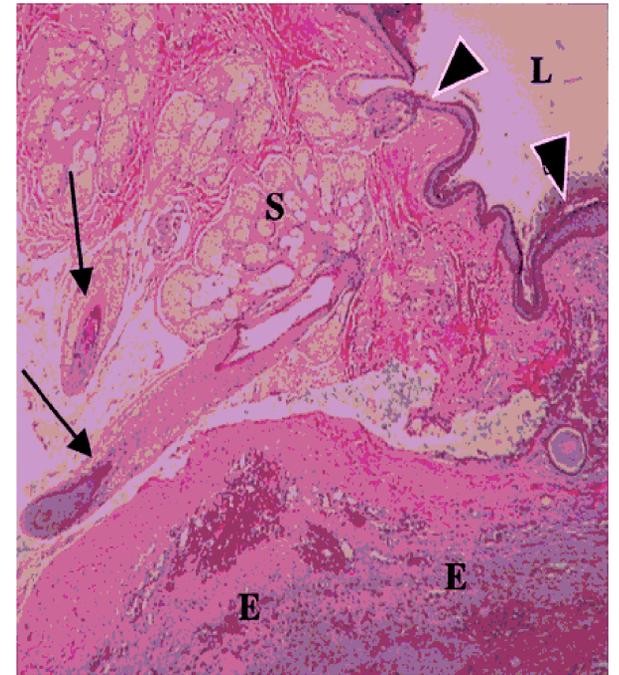
Abdominal ultrasonography sowed an ovarian cyst.

Tomografia axial revealed a 5.0x4.4 cm hypodensa ovarian mass.

Serum testosterone <10 ng/dl DHEA-S 66.2 mcg/dl ,17ohp 41ng/dl, LH and FSH normal, Bone age 8 years olds

Mass was removed surgically and histology showed a cystic wall, squamous epithelium mature adipose tissue, calcifications, pilosebaceus units, nervous tissue and some mature glands.

RESULTS (CONT.)



Photomicrograph of Mature cystic teratoma: the cyst wall shows squamous cells (arrowheads) lining the cyst lumen (L) as well as sebaceous glands (S) and hair follicles (arrows)

CONCLUSIONS

Ovarian masses are infrequent in children but they should be considered in patients with abdominal pain chronic. Some be associated with precocious puberty, main in these case not. assuming all of the visible cancer can be removed surgically. Across all stages, the five-year survival for grade 1 disease is approximately 82%

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