Primary retroperitoneal teratoma in an adult: ultrasonographic, computer tomographic and magnetic resonance imaging demonstrations

HIRANO, Shoji; KAWAGUCHI, Shoichi; MIKAWA, Ikuo; KARINO, Tetsuji; KITAGAWA, Kiyohide; SAITO, Katsuhiko

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PRIMARY RETROPERITONEAL TERATOMA IN AN ADULT: ULTRASONOGRAPHIC, COMPUTER TOMOGRAPHIC AND MAGNETIC RESONANCE IMAGING DEMONSTRATIONS

Shoji Hirano, Shoichi Kawaguchi and Ikuo Mikawa
From the Department of Urology, Kouseiren Takaoka Hospital
(Chief: Dr. I. Mikawa)

Tetsuji Karino
From the First Department of Internal Medicine, Kouseiren Takaoka Hospital
(Chief: Dr. K. Nishide)

Kiyohide Kitagawa
From the Department of Radiology, Kouseiren Takaoka Hospital
(Chief: Dr. T. Yamahana)

Katsuhiko Saito
From the Second Department of Pathology, School of Medicine, Kanazawa University
(Director: Prof. Y. Nakanuma)

A 25-year-old male patient with a primary retroperitoneal teratoma is described. The chief complaint was right hypochondralgia during exercise for seven days. Various diagnostic imagings disclosed an expansive, heterogeneous and fat-rich mass associated with multiple cystic lesions in the right suprarenal fossa. Saggital, transaxial and coronal magnetic resonance imaging scan visualized the extent and character of the tumor very clearly. Histological examination of the tumor removed through a thoracoabdominal approach showed cystic teratoma with out malignant transformations.

Key words: Retroperitoneum, Teratoma, Adult, Magnetic Resonance Images

INTRODUCTION

In the recent advance and spread of the diagnostic modalities including ultrasonography (USG), computerized tomography (CT) and magnetic resonance imaging (MRI) the diagnosis and differentiation of space-occupying lesions deep in the body have been becoming more easier1,2). Especially concerning the extent, character and relationship between the tumor and adjacent structures, the diagnostic procedures of USG, CT and MRI can pick up some useful information noninvasively for retroperitoneal tumors.

Primary retroperitoneal teratoma constitutes approximately 10% of all primary retroperitoneal tumors and is rare in adults because of its congenital nature2). The occurrence rate of retroperitoneal teratoma was 30% for the third decade4). Fortunately, the diagnosis and differentiation of retroperitoneal teratoma have been established through the evaluation of USG, CT and MRI according to the several new case reports5,6). We have encountered a 25-year-old male patient with benign retroperitoneal teratoma arising from the suprarenal fossa, and some valuable pictures of USG, CT and MRI are presented in this report.

CASE REPORT

Case A 25-year-old man in whom right hypochondralgia during exercise had been occurring for one week, visited our Internal Medicine Clinic on June 24th, 1987. Past and family history were noncontributory. Physical examination revealed no particular findings except slightly decrea-
sed respiratory sound of the right lung. Although fluoroscopy gave negative findings, abdominal USG (Sonolayer-V, SSA-90A, Toshiba, Tokyo) disclosed a large hyperechoic mass containing multiple cystic lesions in the suprarenal region (Fig. 1). Intravenous pyelography showed the right kidney displaced distinctly downwards. CT (TCT-60A, Toshiba, Tokyo) scanning revealed a large, well-demarcated and heterogeneous mass pushing up the liver and expanding to the median line, in which fat and fluid-containing cysts were thought to be main components and tiny calcification was seen (Fig. 2). The patient was admitted on July 1, and laboratory test results including endocrinological and embryonic antigen analyses were normal. No definite feeding artery to the tumor was identified by angiography. The isotope accumulated in a part of tumor lesion on 67gallium scan.

Imaging with a 1.5-Tesla superconducting MRI unit (Signa system, General Electric, Milwaukee) was performed at Kanazawa University Hospital. Images were produced via a selective irradiation technique using 2-dimensional Fourier transformation with
a 256×128-pixel matrix. The spin-echo imaging sequences were accomplished with a repetition time of 500 msec, echo-delay of 25 msec, and number of excitations of two. Saggital, transaxial and coronal scans were carried out with a section thickness of 10 mm. Saggital, transaxial and coronal scans showed the shape and extent of the mass stereoscopically (Fig. 3A and 3B). Signal intensity of circumscribing material was high, similar to subcutaneous adipose tissue. Preoperative diagnosis was teratoma.

Tumor removal was done through a thoracoabdominal approach at the ninth intercostal space on July 15. Adherence with adjacent structures was mild. The right adrenal gland could be identified on examination of the suprarenal fossa. The tumor weighed 1,000 g and was 18×16×13 cm. in size. Fat tissue was the main component on the cut surface, in which the cystic structures had whitely turbid fluid and fibrotic tissue as a hard induration. No bones or teeth were observed clearly. Microscopically, the tumor consisted of many types of mature tissue. Stromal elements were composed of mainly mature fat tissue and some foci of cartilage and striated muscle could be seen. Mucin-producing column cells or ciliated column cells lined the cyst walls. Respiratory mucosa with glands and thyroid tissue were also seen, but skin was not. Histological diagnosis of benign cystic teratoma was made. The patient was discharged on August 4.

DISCUSSION

Concerning the origin of the retroperitoneal teratoma, the migration and growth theory of embryonic tissues from the primitive streak was broadly accepted because the retroperitoneal tumor frequently arises in an immediately preaxian or paramedian location \(^1\). No significant laterality of primary retroperitoneal teratoma was observed. Primary retroperitoneal teratoma has not frequently manifested clinical signs, such as abdominal pain, nausea, anorexia and so on, until the tumor becomes large enough to influence the structure and function of the adjacent organs. The differentiation of teratoma from other retroperitoneal tumors has been difficult prior to the advance and widespread use of USG, CT and MRI. Even the biochemical character of retroperitoneal tumor is now noninvasively revealed using these modern diagnostic equipments. In addition to intratumoral calcification including dental structures or bone formation in the radiolucent and hypovascular tumor on conventional radiographic methods, adipose tissues and muscle elements can be detected easily by USG, CT and MRI. However, malignant transformation which constitutes 25.8% of retroperitoneal teratomas has not significantly been detected even now. Needle biopsy has not always been liable because of heterogeneity of teratoma. Final diagnosis of retroperitoneal teratoma should be made through tumor resection. Thoracoabdominal approach provided a good access for the removal of large retroperitoneal teratoma in the suprarenal fossa. Engel and associates \(^4\) reported a case retroperitoneal teratoma without the colateral adrenal gland. There is no satisfactory explanation of absence of the colateral adrenal gland. Prognosis is good in benign retroperitoneal teratoma, while poor in malignant teratoma.

REFERENCES

6) Terada Y, Kato A, Kishi Y, Niijima T and Yashiro N: Nuclear magnetic resonance imaging of a benign cystic teratoma in the
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和文抄録

成人に見られた後腹膜腔原発の良性奇形腫の1例

厚生省高島病院泌尿器科（部長：美川哲夫）
平野 章治，川口 正一，美川 靖夫
厚生省高島病院第一内科（部長：西出啓二郎）
狩野 哲 次
厚生省高島病院放射線科（部長：山崎則夫）
北川 清 秀
金沢大学医学部第二病理学教室（主任：中沢安二教授）
斎藤 益 彦

原発性後腹膜奇形腫を有した25歳男子の1症例を報告する。主訴は1週間前から続く体験時の右季肋下部痛である。種々の画像診断法により右腎上窩に周囲を圧排する、不均一だが脂肪組織に富んだ腫瘍が認められた。核磁気共鳴によるCTスキャンによる矢状、水平および冠状断層像により、腫瘍の性格および広がりが明確に示された。経腸瘍的アプローチにより摘除された腫瘍の組織所見はcystic teratomaで、悪性所見は認められなかった。

（泌尿科要 34: 2031-2034, 1988）