CASE REPORT

A Case Report on Malignant Neoplasm of Teratomas

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ABSTRACT

These ovarian tumours were identified by histopathological analysis as immature cystic teratomas. The clinicopathological characteristics of all ovarian teratomas identified in two centres during the evaluation period were also briefly summarised in this case report. Younger individuals are more likely to develop an immature ovarian teratoma, so doctors must always be extremely cautious when considering the possibility of a germ cell tumour.

Key Words: *Surgical Anatomy; Teratomas; Infants; Report*

INTRODUCTION

Retroperitoneal teratomas were referred to as "unattached retroperitoneal tumours" in an incredibly early study among other types of tumours. Our study's objective was to provide detailed information on this type of growth's surgical anatomy and expansion trend. Additionally, the anatomical connection to the duct gland was noted. Malignant components as well as mature and immature tissue components should be present. Only 3%–5% of teratomas have a retroperitoneal tumour, which is highly uncommon. Despite the availability of cutting-edge imaging methods, the specialist doctor should keep in mind the typical anatomy of this type of tumour. Teratoma is an embryonic tumour that develops from totipotent cells that comprise tissue from at least two or more often three germ layers.

CASE REPORT

A 23-year-old lady with four-month-old abdomen edoema and one-month-old stomach pain arrived at the Obstetrics and Gynecology Department of the Tamale Teaching Hospital (THH). Upon physical examination, a right-sided tender mass that was movable in all planes was found. A benign ovarian tumour with cystic components was identified by pelvic ultrasonography. The majority of the other systems operated normally. Right oophorectomy and emergency laparotomy were performed on her. Der Medical Diagnosis Center received the specimen for histopathological analysis.

DISCUSSION

It has frequently been outlined in earlier works with regard to tumours. Exocrine and endocrine gland mature tumours have both been suggested for medical diagnosis. However, there were distinct surgical borders between the tumour and the exocrine gland. Additionally, no adrenal tissue was identified in any of the tumours described in this paper. Teratomas in our instances appeared to come from the left, right, or occasionally both suprarenal regions. The sex cell idea will provide an explanation for the retropancreatic extension of the tumour. Totipotent germ cells go from their traditional origin in the nutrient sac on the posterior peritoneum of the viscus to the endocrine gland ridge and subsequently to the endocrine gland during early embryonic development. As a consequence, the exocrine gland was found before of the tumour of each case.

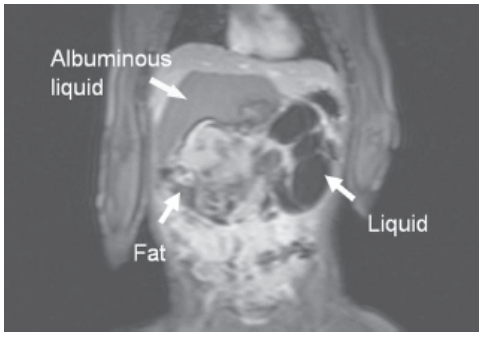

Figure 1) *Solid-cystic teratoma containing different types of tissue like fat, albuminous liquid and other solid parts.*

CONCLUSION

Incomplete or inaccurate embryonic reproductive cell migration may occur and may be the origin of the neoplasm. The outline of retroperitoneal neoplasm as "unattached retroperitoneal tumor" anatomical relationships of high complexness has got to been taken into consideration if surgery is performed.

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CONFLICTS OF INTEREST: None.

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