

Teratoma – the unexpected culprit

Ema Ahel Ledić¹, Elvira Kereković Mašić³, Tomislav Baudoin²

¹KBC Rijeka, Krešimirova 42, 51000 Rijeka, Hrvatska

²KBC Sestre milosrdnice, Vinogradska cesta 29, 10000 Zagreb, Hrvatska

³Klinika za dječje bolesti Zagreb, Klaićeva 16, 10000 Zagreb, Hrvatska

emaahel@gmail.com

Aim: To present two case reports where radiologically misdiagnosed lesions on the neck (lymphangioma, respectively neuroblastoma) and in floor of the mouth (ranula) were ultimately confirmed by pathohistology as teratomas. **Materials and methods:** The first case showcased a newborn without spontaneous respiration and movement at birth due to an intrauterinely verified formation on the right side of the neck which radiologically (USS and MR) pointed to lymphangioma and the biopsy indicated neuroblastoma. The second case presented a 9-month-old infant in whom MRI of the neck diagnosed a ranula that was progressively growing in the floor of the oral cavity, causing dysphagia of solid food. **Results:** Chemotherapy with carboplatin was initially conducted in the first case, but due to further growth of the tumor mass and compression of the airway, surgical excision was performed. In the second case, surgical excision was performed immediately. In both cases, the pathohistological finding was verified as a teratoma. **Conclusion:** Teratoma, although the most common tumor of the neonatal age (sacroccygeal region), is very rare in the head and neck area (1 – 9%). The cervical region is the most common site, while lesions in the oropharynx are represented in only 2% of head and neck cases. Due to its location and size, teratoma can cause airway compression and feeding difficulties, therefore timely diagnosis (prenatal diagnosis, ultrasound and MRI) with appropriate surgical treatment is of utmost importance in the management of this pathology.

Key words: lymphangioma, neuroblastoma, ranula, teratoma