

INTRODUCTION

Intradural extra medullary spinal teratoma is rare subtype, accounting for 0.2 to 0.5% of spinal cord tumours. Teratomas consists of mixture of two or more germ cell layers, including ectoderm, endoderm and mesoderm. These tumours characterised by the presence of epithelial tissues, fatty tissues and muscle tissue derived from two or more germ layers.

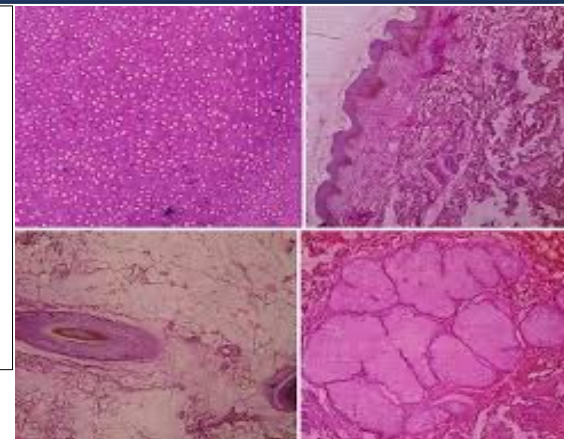
INVESTIGATIONS

Contrast MRI shows approx.66*19*20 mm sized T1 hypointense, T2 & STIR hyperintense lesion seen in intramedullary space from C5 to D4 vertebral level causing severe compression of cervical and upper dorsalcord. There is severe compression on the cord anteriorly. On IV contrast study the lesion no enhancement. Mild non enhancing T2 & STIR hyperintense signals seen in cervical cord from C2 to C5 vertebral level & D4 to D7 vertebral level (edema).

BIOPSY

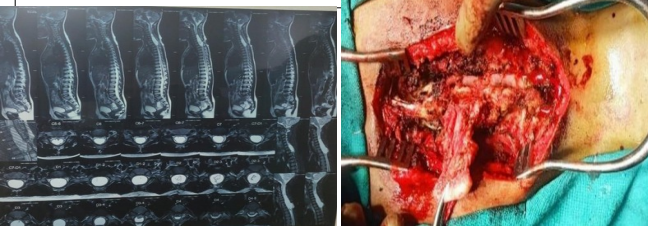
HPE: sections from multiloculated cyst studies show cyst lined by cuboidal cells with melanin pigmen and adjacent glial tissue and following structures are identified :Respiratory epithelium, adipose tissue, smooth muscle bundles, mucinous glands, cartilage, blood vessels, choroid retinal epithelium, psammoma bodies.

Imp: f/s/o mature teratoma.



CASE REPORT

A 8yr. old boy, born to nonconsanguineous parents, presents with normal development weakness of upper limbs associated with paraesthesia of ulnar side of bilateral upper limbs from 5 months. He is admitted at GGH Guntur. Symptoms are slowly progressive. The general physical examination was unremarkable. Neurological examination showed weakness bilateral upper limbs (power grade 4) bilateral upper extremities hyperreflexia. Lower limbs powers are normal. Sensory examination and sphincter control were normal. No signs of dysraphic congenital malformations were present.



Approach: A cervico dorsal median incision at the desired level and a C5-D4 laminotomy.

Intra-op findings: intramedullary solid-cystic tumors containing irregular surface, purple and brown colours was totally removed micro surgically.

DISCUSSION

Teratomas are congenital tumors that contain tissues derived from all the three germ layers. Mature teratomas look almost like normal cells and are made of different kinds of tissue, such as hair, muscle, and bone. Immature teratomas are made of cells that look like fetal cells. Definitive diagnosis is achieved by means of histological study, when tissues are derived from the three germ layers are identified. However, the presence of just two layers does not rule out the diagnosis. The adjuvant therapy is based on the histopathological features. Radiotherapy is indicated when there is malignant component.

In summary, intramedullary teratoma is an extremely rare tumor. The diagnosis is based on the intra-operative and the histopathological examination. Total excision is the primary treatment modality.

REFERENCES : Kumar R, Singh V. Intramedullary mass lesion of the spinal cord in children of a development milieu. Pediatric Neurosurg 2004;40:16-22.