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Surgery

Management of Sacrococcygeal Teratoma in a Center Hospital Environment in Senegal

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Abstract | **Case Report**

Sacrococcygeal teratoma (TSC) is an embryonic tumor with high potential for congenital malignant transformation. It is rare and therefore considered a neonatal surgical emergency. The authors report a case of sacrococcygeal teratoma whose mother did not follow up during pregnancy and the delivery took place at home and who comes for consultation six months after his birth. It emerges from this case that the delay in diagnosis was due to the lack of financial means in the periphery, the extreme surgery could be performed with simple post-operative follow-ups. The result of the anatomopathological examination of the surgical specimen concluded to a benign teratoma. The patient could not be reassessed in the medium and long term because he is lost of seen.

Keywords: Teratoma, sacrococcygeal, surgery, center, periphery.

INTRODUCTION

Sacrococcygeal teratoma is a rare congenital benign tumor developed from the totipotent embryonic cells of the caudal region [1]. The incidence of sacrococcygeal tetratomic is approximately 1/32,000 to 40,000 live births [2]. There is a Clair female predominance with a sex ratio of 1/3 to 4 [2, 3]. Altman classification distinguishes four types depending on the location and pelvic extension of the tumor [4]. He is considered as a surgical emergency because of its potential for malignant transformation from the 4th month of life [5]. The prongnosis is generally excellent in the neonatal period but becomes progressively worse with the advanced age of the child [5]. The advent of ultrasound, resonance imaging magnetic have allowed the antenatal diagnosis of [TSC] [6], and there for better obstetric and neonatal management of patients. The objective of this work is to report the management of sacrococcygeal teratoma in a peripheral environment.

OBSERVATION

Comment Observance Remark Adherence Study Keeping Commentary. This is a 6- month-old female infant, the youngest of 7 sibling-degree parental consanguinity. The regency is carried to term without follow-up with vaginal delivery low at home and with no problems reported at birth according to the parents. The parents came to a consultation for their chads gluteal mass that was becoming more and more voluminous. The physical examination revealed and infant in good general condition, well cold mucous membrane and integument, aprotic with a weight of 8 kg. There is a sacral mass measuring 111mmx50mm that is not very painful on mobilization in relation to the plane Deep without ulceration or fistula opposite Fig 1.

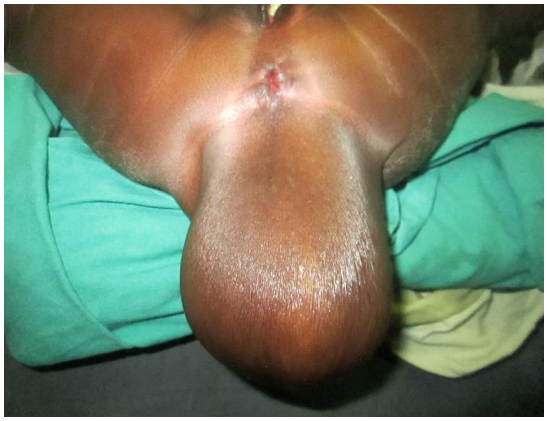

Figure 1: Sacrococcygeal teratoma before the operation

On digital rectal examination, a solid mass was perceived in contact with the posterior wall of the rectum. The rest of the examination was unremarkable. The biological assessment realizes: the complete Blood Count the prothrombin rate is without particularity, the Alpha foeto-protein level is normal (2.5 ng/ml) sample sent to another center because the structure has reagent for this test). Frontal and profile radiographies of the chest and lumbosacral spine are normal; an ultrasound revealed a roughly rounded mass with well-defined contour sitting in the sacral region in inter buttocks without pelvic or abdominal extension. A social contribution made it possible to carry out the assessment. Altman's diagnosis of sacrococcygeal teratoma type 1 was evoked. In view of certain difficulties in analyzing the surgical specimen on site, a reference was offered to the parents who categorically refuse. Surgery was therefore performed and consisted of a lumpectomy via the sacral median prosterior approach, the patient being in the ventral decubitus position (Figure 2).

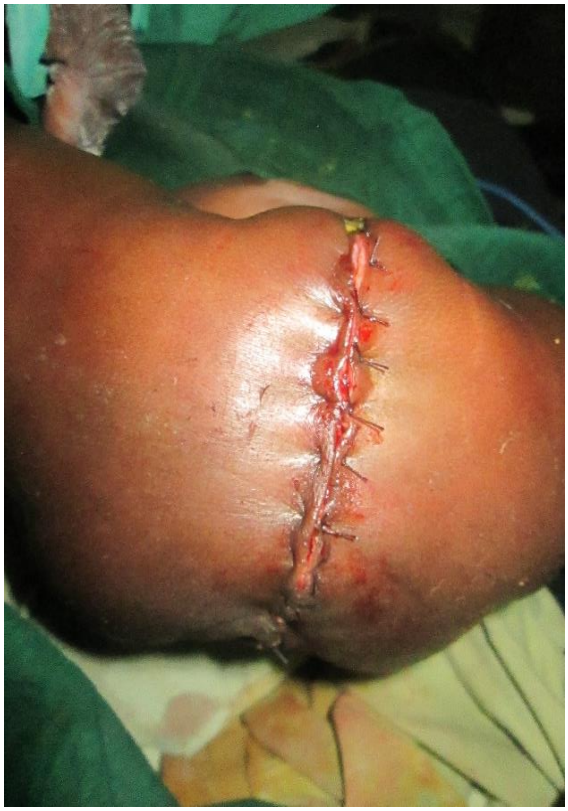

Figure 2: Sacrococcygeal teratoma after the operation

The postoperative course was simple (Figure 3).

Figure 3: Sacrococcygeal teratoma after healing

After a decline of 2 months the parents were lost sight of the anatomopathologic study has confirmed the diagnosis of benign sacrococcygeal teratoma.

DISCUSSION

The sacrococcygeal teratoma (TSC) is a rare congenital tumour, developed from multipotent embryonic cells of Hensen's nod or the neutral crest, cells having escaped the control of grown inducing and organizing factores [4]. There is a female predominance (4F/1M) [2, 3]. This result corroborates with our study and that of K. Aniba et al in Morocco [8]. Both cases of Maifo B et al were female [9], cases out of 35 (85.7%) in the series of Ncireddine *et al.*, in Morocco [10], 39 cases out 59 (66.1%) in the series of Sanoussi *et al.*, in Niger [11]. The teratoma is typically in the median or paraxial seat which is the most frequent (57 to 60%) as was in our case [1, 12, 13]. The lack of follow-up of the pregnancy and absence of financial means contributed to the delay in diagnosis in our case. This same observation was also made by Maifa BAL in Cameroon [9]. We had not carried out a scanner or magnetic resonance imaging which was not available in our structure. The parents refused the reference so it was impossible to have them. The ultrasound was very useful for us because it revealed that there was no abdominal component to the tumor.

Tumor resection is the only effective treatment for TSC, indicated as soon as the diagnosis is made, even in the first days of life, it must be radical and complete to avoided recurrences. The postoperative course was simple in our case as in all the other authors in the majority of cases [8-11]. We had not been able to

see our patient in the medium and long term because the parents are lost to sight.

CONCLUSION

The sacrococcygeal teratoma is still a late diagnosis I our environment. Childbirth in a health facility allows for early diagnosis. A health policy more perfectible with a reliable technical platform must be promoted.

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