



2025

KARNATAKA RADIOLOGY EDUCATION PROGRAM

CASE PRESENTATION

DEPARTMENT OF RADIO DIAGNOSIS,
JJM MEDICAL COLLEGE, DAVANAGERE

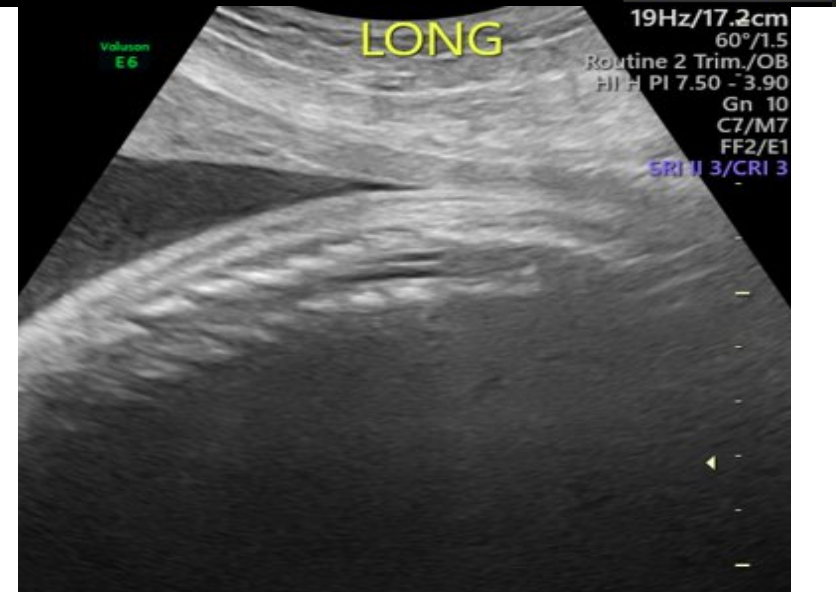
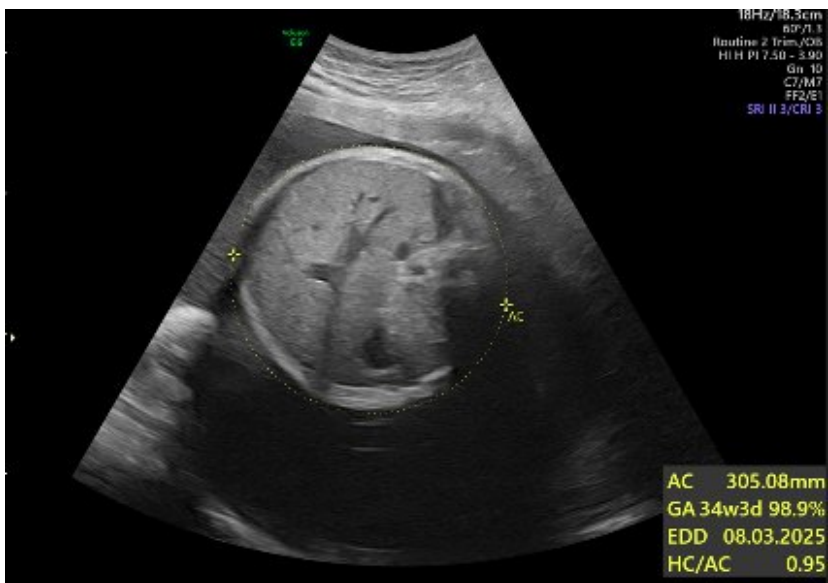
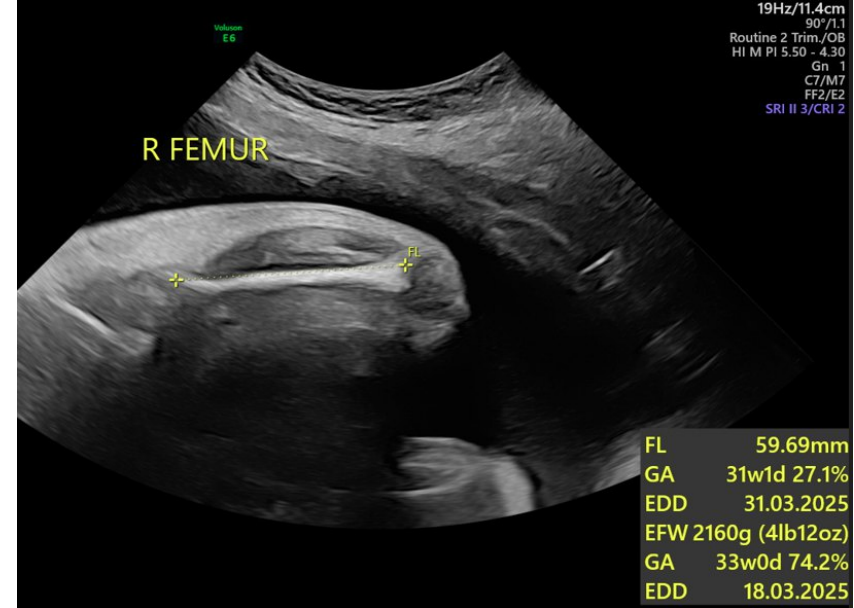
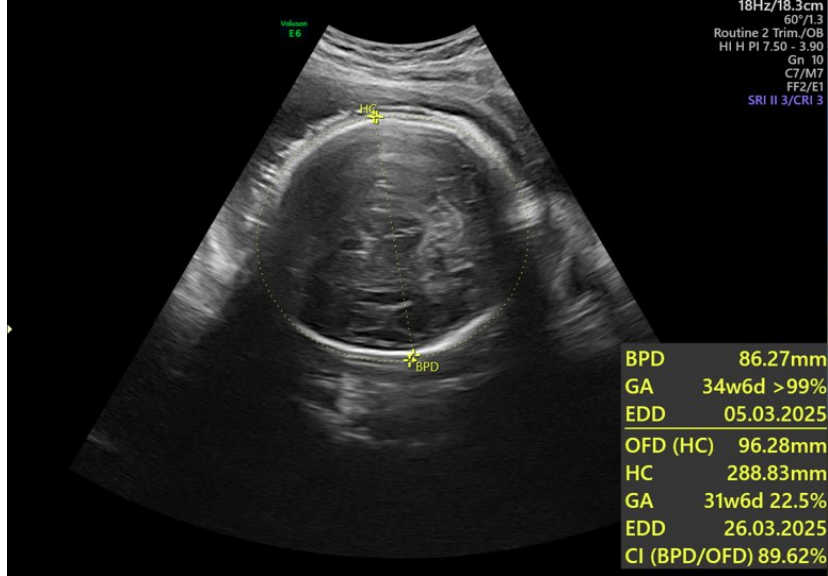
MENTOR : Dr. Jeevika M U, Professor and HOD, Dept. of
radiodiagnosis

Dr. Sowmya J, Assistant professor, Dept. of
radiodiagnosis

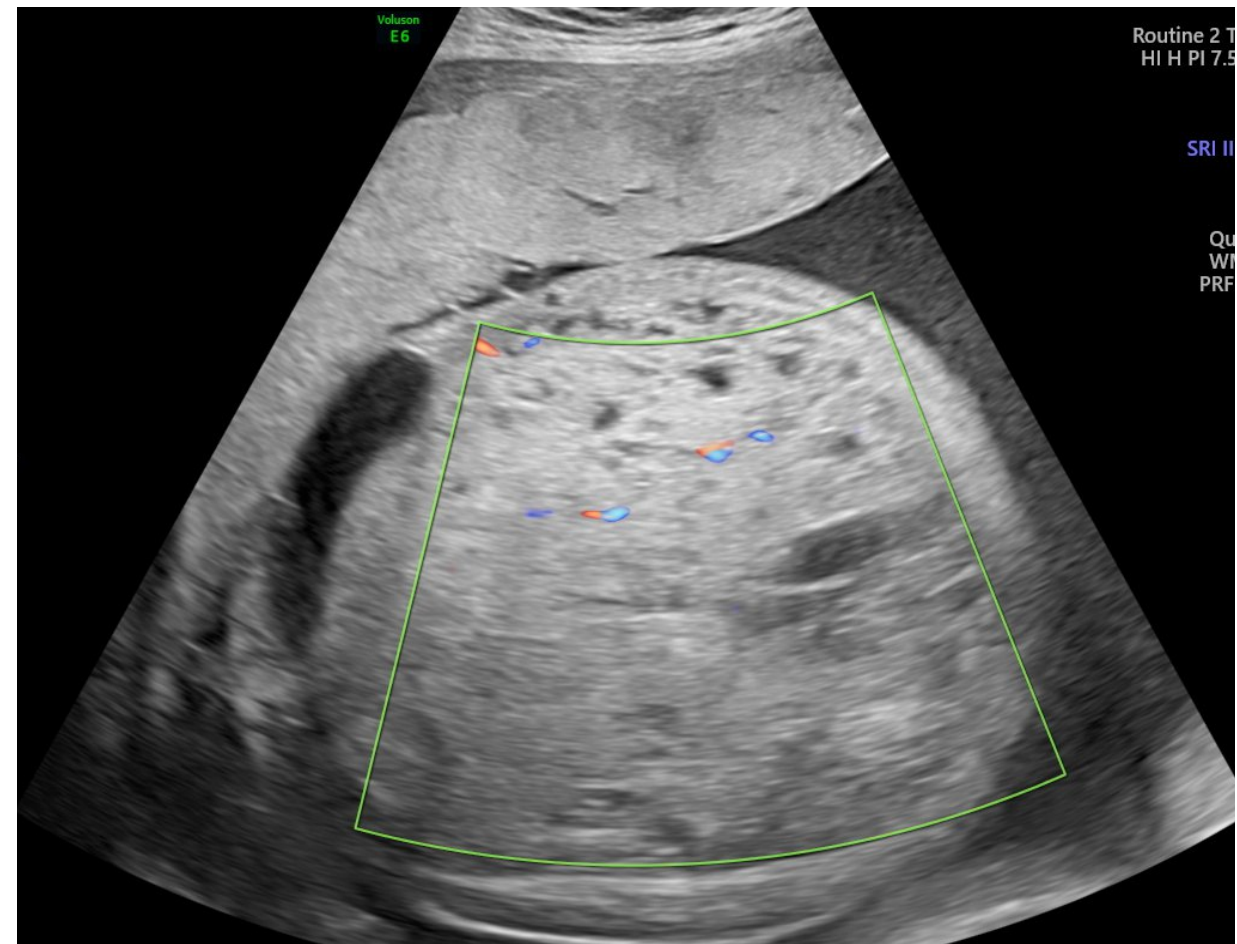
PG RESIDENT: Dr Arjun M

HISTORY

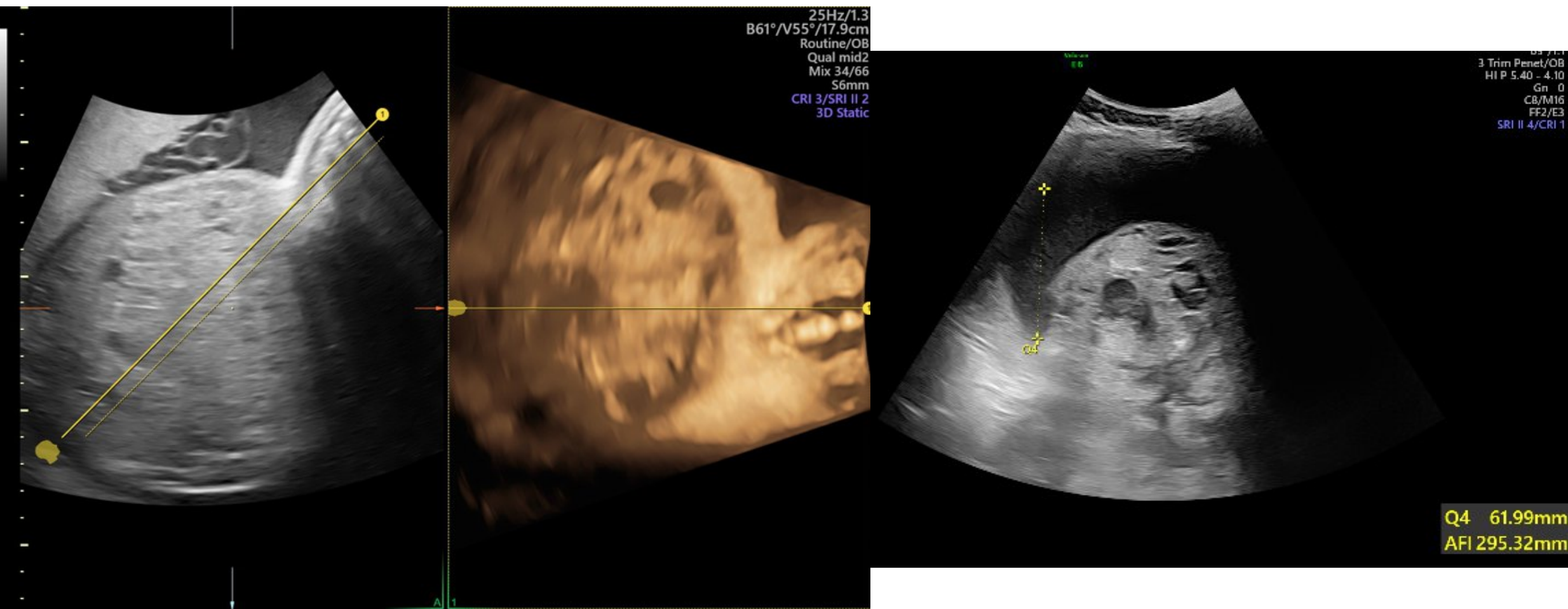
- A 19yrs old Primigrada of 31weeks 3days of gestation came for regular 3rd trimester scan
- Previous scans –
 - NT scan – 11weeks 5days – Normal , Double marker: Not done
 - Anomaly scan –done in outside scan center - 19 wks 3days, EIF in left ventricle, otherwise no gross structural defects
 - Quadruple marker test – negative for trisomies and neural tube defects



Growth parameters of fetus appear normal. Spine appears normal with no focal defect



Evidence of large well defined thick walled exophytic solid lesion with multiple tiny cystic areas noted arising from pelvis region measuring approx. 12x11x15cm with minimal vascularity on Doppler study

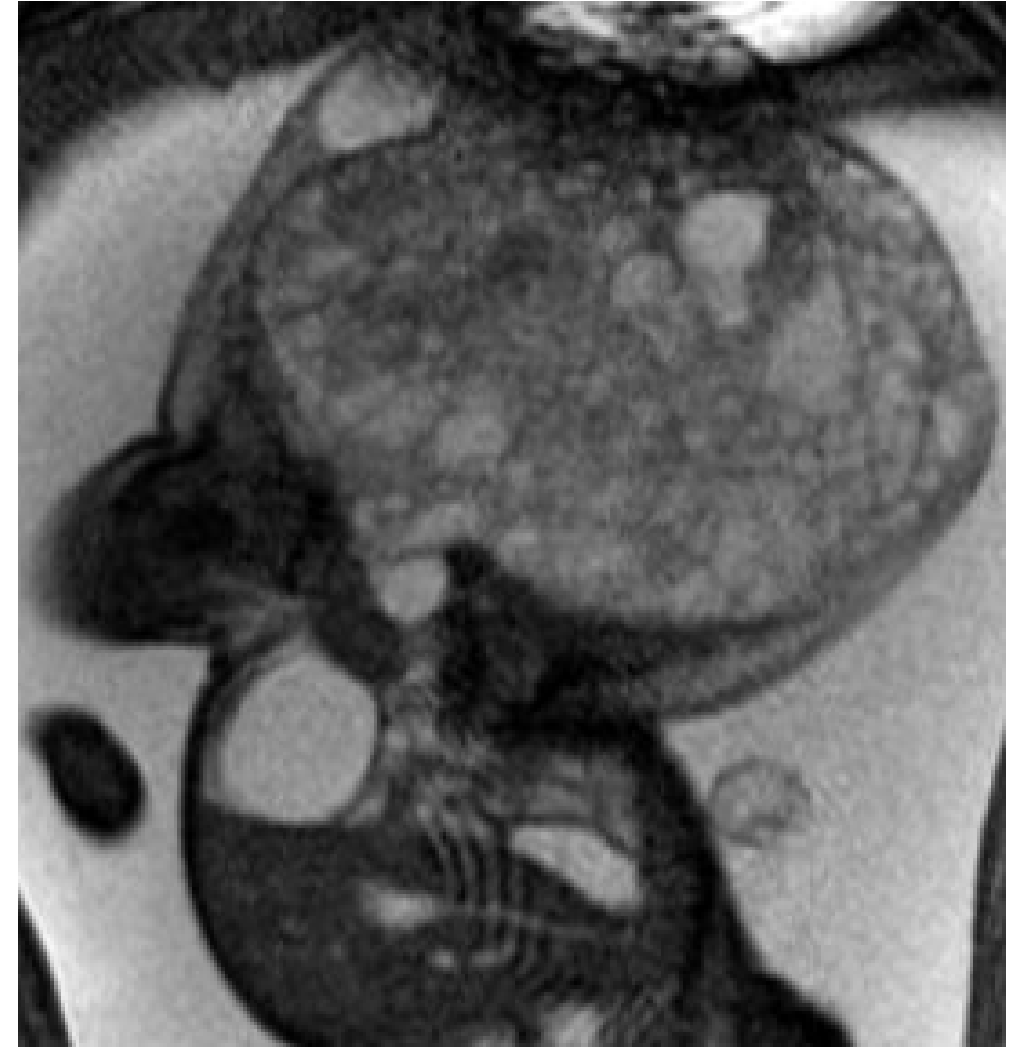


Lesion shows no extension into pelvic cavity and no e/o mass effects on urinary bladder noted. There is association of moderate polyhydramnios noted measuring approx. 30cm

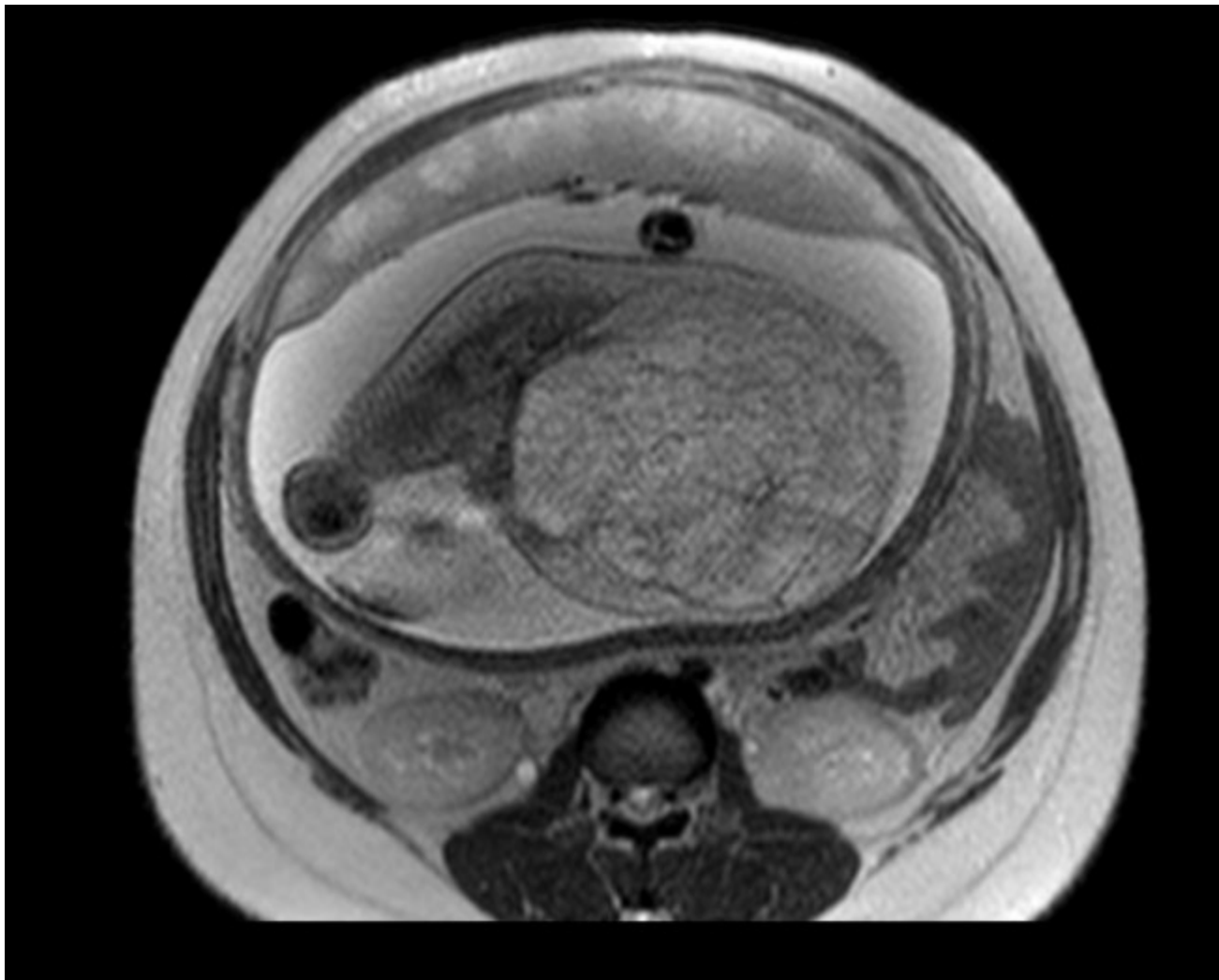
Impression

- Single live intrauterine gestation with good cardiac activity
- A large solid cystic exophytic mass arising from sacro-coccygeal region associated with polyhydramnios S/o
Sacro-coccygeal teratoma (AAPSS Classification)

Further MRI study was done for further evaluation,



Evidence of large T2 heterogenous solid cystic exophytic mass arising from sacro-coccygeal region (Likely from coccyx) with minimal extension into pelvic cavity. No e/o intra-abdominal extension noted.



Axial section single shot sequence



Sagittal section single shot sequence

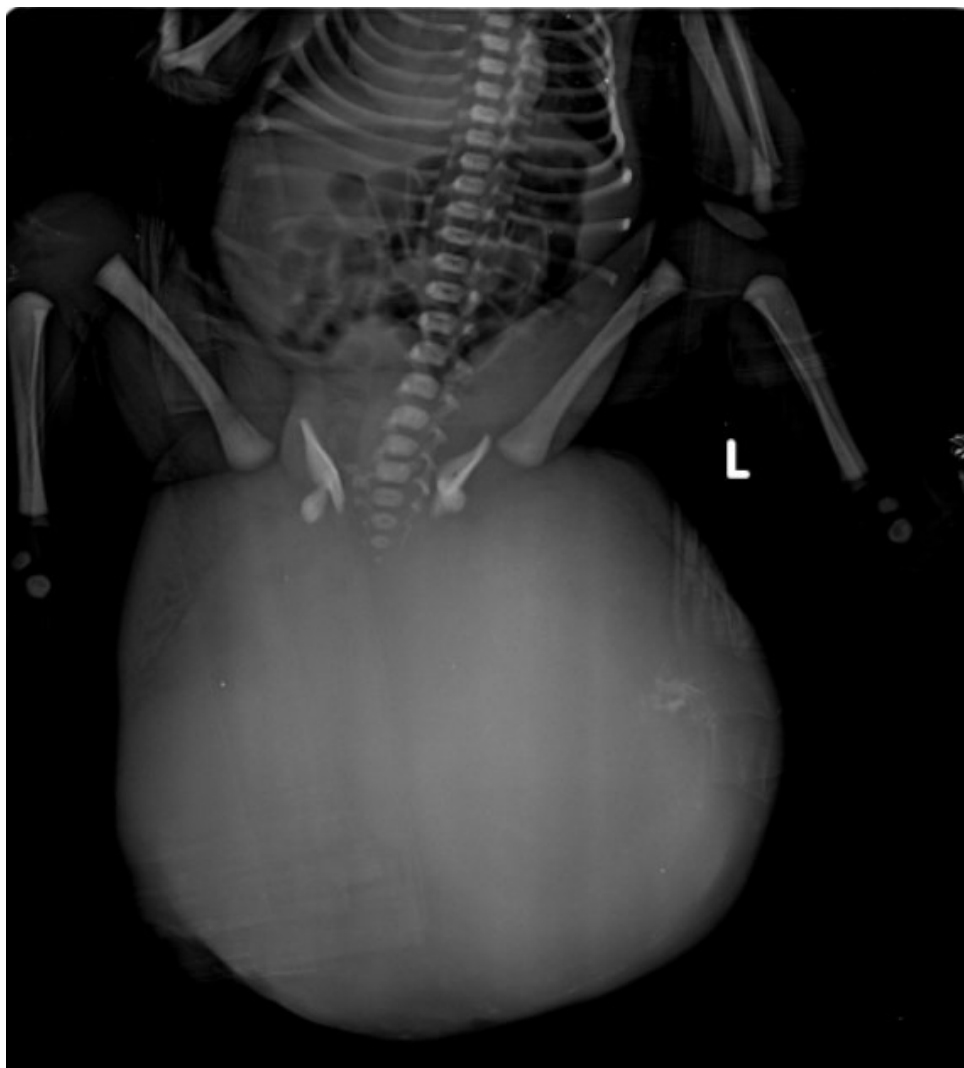
Single shot sequences showing no focal defect in the spine and no e/o calcific foci noted.

Impression:

- A large solid cystic exophytic mass arising from sacro-coccygeal region with a small intra-pelvic component as described

Type II Sacro-coccygeal teratoma (AAPSS Classification)





Large HOMOGENOUS soft tissue density mass lesion noted arising from pelvis region. However spine appears normal.



JJM MEDICAL COLLEGE, DAVANGERE
DEPARTMENT OF PATHOLOGY

LABORATORY REPORT

Booking No: L-79095

Patient Name: **BABY OF REKHAMMA**

Sample No: S-25/1176

Consultant Name : **DR. HARSHA B M**

Ref Hospital : **BAPUJI CHILD HEALTH INSTITUTE**

Collection Date & Time : 2025-02-06 15:46:34.62

Booking Date.: 06-02-2025 03:46 PM

Age/Sex: 3D/F

Observed Date: 27-02-2025 10:51 AM

Hospital Registration No : 250205003

Specimen : **TISSUE**

GROSSING:

Received a large skin attached soft tissue mass measuring 22x16x9.5 cm. External surface- skin attached, grey white to grey brown areas. Cut surface- appears predominantly cystic with straw coloured seromucinous secretion. Also seen are hemorrhagic areas and calcification.

MICROSCOPIC:

Sections studied from multiple areas of mass show a neoplastic lesion arising from all three germ layers comprising of squamous epithelium, respiratory epithelium, glandular tissue, aggregates of melanophages, pancreatic acini, ducts lined by mucinous epithelium, immature cartilage and immature neural tubules which are seen in more than three low power areas (40x). Loose mesenchymal stroma with areas of myxoid changes noted. Mitotic figures in immature neural elements is around 5-6/hpf. Areas of hemorrhage noted in sections studied.

IMPRESSION:

Sacroccygeal Mass- Features are suggestive of Immature Teratoma, Grade III (WHO Grading)

Advice:

Biopsy report: Sacrococcygeal mass – F/s/o – Grade III Immature teratoma (WHO grading)

Discussion

These tumors arise from totipotent somatic cells that originate from the primitive knot (Hensen's node) or caudal cell mass and escape normal inductive influences

Teratomas are typically found in the midline or gonads.

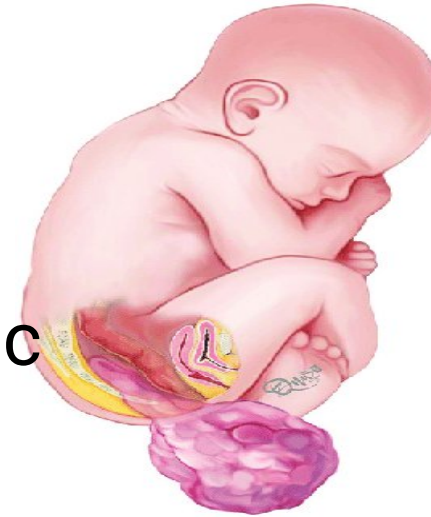
- Sacrococcygeal - 40%
- Ovary - 25%
- Testicle - 12%
- Brain - 5%
- Other (including the neck and mediastinum) - 18%

- Teratomas are composed of tissues of all three germ cell layers and of varying degrees of maturation
- Sacrococcygeal tumors that are predominantly cystic areas less likely to be malignant, while predominantly solid lesions are more likely to be malignant
- Areas of calcification on attempted formation of osseous structures are frequently present in benign teratomas and less commonly in malignant forms

American Academy of Pediatrics

Classification

- **Type I** - Predominantly external
- **Type II** – Appears dumbbell shaped, with significant external and intrapelvic components
- **Type III** - have a small external component, with the majority of the lesion extending into the intrapelvic and intraabdominal spaces
- **Type IV** - occupy the presacral space and have no appreciable external component.



Type 1



Type 2



Type 3



Type 4

THANK YOU