

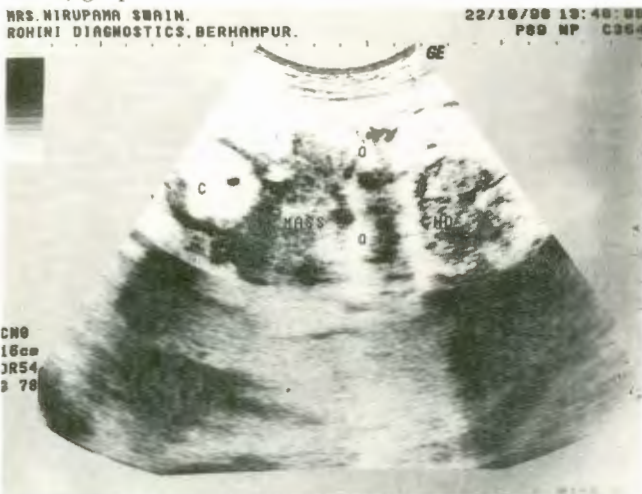
A Rare Case of Teratocarcinoma Arising from Hard Palate

Arati Patnaik

Department of Obst. & Gynaecology, M.K.C.G. Medical College, Berhampur -760 004. (Orissa).

Mrs. NS aged 22 years Primigravida carrying 28 weeks pregnancy was referred to M.K.C.G. Medical College Hospital, Berhampur on 22.10.98 with history of fever since 10 days and pain in abdomen since 2 days. Married for 1½ years. No consanguinity. EDD 18.1.99. No drug history or fever in first Trimester, patient was afebrile, mild degree pallor, pulse 80/min, BP-120/70 mm Hg, Heart, chest NAD, P/A Ut - 28 weeks, irritable FHS - 120/min, regular.

Investigations- Hb - 10gm/dl, TLC 9,200/cumm, D.C. revealed 78% Neutrophilia. Urine - 7-10 pus cells/HPF, urine culture - sterile Blood Group O +ve, VDRL - NR, Toxo test - Negative in 1:256 dilution. FBS 88 mg/dl. Widal test - Negative. Routine USG revealed a mass 5" x 4" x 4" on anterior aspect of neck. Mass was filled with cystic spaces and solid areas. Sonological diagnosis was Mixed Tumour of neck/Cystic Hygroma (Photograph I)



Photograph I: Prenatal USG showing mass on Anterior aspect of neck

Patient delivered a Fresh S.B. baby weighing 1.5 kg . with a big mass 6" x 4" x 5" arising from the hard palate with solid areas, cystic areas, bony structure and haemorrhagic areas. Mass weighed 650 gms. Over the mass there was a palm like structure with fingers and nails. There was cleft lip. (Photograph II). Placenta normal 300 gms. Postnatal period was uneventful. Biopsy from the mass revealed Teratocarcinoma.

The peculiarity of this case is that Teratocarcinoma arising from hard palate is rare, sacrococcygeal area is commonest site. Secondly it could be detected prenatally by routine USG.



Photograph II: The Baby with the mass