

FP 45 Tongue Teratoma in a Newborn

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Abstract

Background. A 2-day old male was referred to our institution for a tongue mass. He was born full term, appropriate for gestational age to a then 27 year old G1P0, via low segment Cesarean section.

Method. Case Report

Result. Excision with primary closure was done. The mass measured 10 x 8 x 4 cm, multilobulated with solid and cystic components. Final histopathologic result showed mature cystic teratoma.

Conclusion. Despite its benign characteristic, tongue teratomas have a high death rate due to airway obstruction. The advancement in technology and diagnostic imaging during pregnancy is a valuable opportunity to anticipate possible problems and plan for a catastrophe-free birth and delivery course both for the mother and the infant. Counseling about the disease and possible sequelae including mortality should be done. A multidisciplinary team including an obstetrician, neonatologist, otorhinolaryngologist, and anesthesiologist, must be formed immediately after the findings of such an anomaly. A possibility of respiratory distress at birth should be anticipated, therefore a quick and well-executed life-saving procedure to protect the airway, including intubation, tracheostomy, or ex utero intrapartum technique (EXIT) must be ready. It is thru a multidisciplinary approach that we can carefully and appropriately plan, manage, and ensure the safety and welfare of our patients, as well as convert a potentially fatal airway obstruction into a more controlled setting for the delivery of the baby.