

Thoracic teratoma

A 23-year-old man presented with difficulty [walking](#) and [leg pain](#) and [numbness](#). MRI revealed a [cystic lesion](#) at Th11-12 and a [pineal region tumor](#). The patient underwent surgery to resect the thoracic-level mass. The tumour adhered strongly to the neural tissue and could only be partially resected. On pathological examination, the resected tumour was diagnosed as a [mature teratoma](#). The tumour regrew and disseminated within 3 months after [resection](#). Both the [spinal cord tumor](#) and the tumour in the [pineal region](#) shrank significantly after [chemotherapy](#) and [radiotherapy](#). Although the tumour was pathologically diagnosed as a mature teratoma, Kawai et al. from the Keio University School of Medicine, [Tokyo](#), Japan, suspected that the residual tumour contained an immature or malignant component. Thus, careful follow-up observation is mandatory after [partial resection](#) of a mature teratoma. In addition, because [teratomas](#) can disseminate in the [central nervous system](#), the presence of teratoma should prompt an examination of both the [spinal cord](#) and [brain](#) ¹⁾.

¹⁾

Kawai M, Nagoshi N, Iwanami A, Mikami S, Tsuji O, Fujita N, Yagi M, Watanabe K, Ishii K, Nakamura M, Matsumoto M. Acute regrowth and dissemination of a mature spinal cord teratoma after partial resection. BMJ Case Rep. 2018 Sep 1;2018. pii: bcr-2017-223742. doi: 10.1136/bcr-2017-223742. PubMed PMID: 30173127.

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