

Adrenal Teratoma: Unusual Tumor with Typical Imaging Characteristics

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ABSTRACT

Teratomas *per se* are rare and retroperitoneal teratomas are a still rarer entity. We report the image of a patient who presented with a large adrenal teratoma which was nonfunctional biochemically and who underwent surgical excision. The imaging characteristics are suggestive of teratoma and must be kept in mind while managing large adrenal tumors.

Keywords: Adrenal tumor, Heterogeneous adrenal mass with calcifications, Teratoma.

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ADRENAL TERATOMAS

Adrenal teratomas are very rare unusual tumors derived from germ cell layers. Most patients present with mass effects like abdominal pain and are nonfunctional biochemically. Computed tomography (CT) scan image of large heterogeneous density adrenal mass with fat, bone/calcified contents is usually characteristic of adrenal teratomas. Excision is the treatment of choice and intraoperatively also we can see the heterogeneous mass. Majority of these tumors are benign and only less than one-third have malignant potential.

We present a 27-year-old female who presented with abdominal pain and on evaluation was found to have a large nonfunctional right adrenal mass. The CT scan and intraoperative images are shown in Figures 1 and 2. We did open transperitoneal right adrenalectomy and she is doing well in the last 1 year of follow-up.



Fig. 1: Computed tomography scan

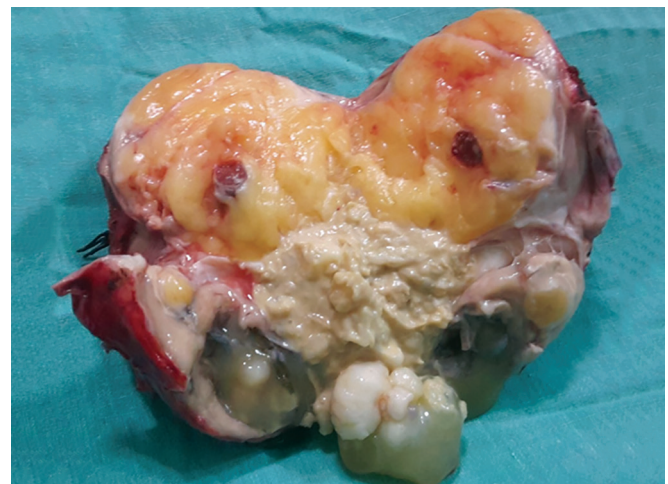


Fig. 2: Adrenal teratoma: Radiological and intraoperative specimen picture showing heterogeneous mass with calcification

ADRENAL TERATOMA

Radiological Image

Adrenal Teratoma Radiological image showing large heterogeneous density adrenal mass with calcifications. Intraoperative specimen showing large adrenal mass with variegated consistency, soft yellow fat component and hard calcified components and other firm areas.

Intraoperative Specimen Image

Intraoperative specimen showing large adrenal mass with variegated consistency, soft yellow fat component and hard calcified components and other firm areas.

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