Pediatric Oncall Journal
Volume : 23, Issue 3:167
DOI: https://doi.org/10.7199/ped.oncall.2026.60

PEDIATRIC ONCALL
CHILD HEALTH CARE

LETTER TO EDITOR (VIEWERS CHOICE)

MEDIASTINAL TERATOMA IN A THREE MONTHS INFANT- AN UNFORESEEN EMERGENCY

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KEYWORDS
Thorax, Mediastinal mass, Surgery.

ARTICLE HISTORY
Received 23 October 2025
Accepted 29 November 2025

Mediastinal mass, particularly teratoma is extremely uncommon in infancy. The incidence is around 1 in 4000 live births with mediastinum being one of the least reported sites in pediatric age groups.[1,2] The mentioned case underlines the high degree of dilemma in diagnosis and management of children presenting with such rare thoracic mass.

A three months infant presented to the pediatric emergency with respiratory distress, persistent non productive cough, poor appetite and poor weight gain. The patient was sick looking, dyspneic with mild intercostal retractions. Blood parameters had elevated leukocytes and high alpha fetoprotein levels. Chest X-ray suggested a large mediastinal shadow more to the left. CECT was done suggestive of anterior mediastinal mass lesion with compression of great vessels, abutting the pericardium and left pleura projecting towards the left hemithorax. Left anterolateral thoracotomy was done with findings of the heterogenous mass densely adherent to the superior vena cava, innominate vein, phrenic nerve, pericardium and left pleura. The mass was excised in totality. All major vessels and nerves were preserved. The post operative period was uneventful. The patient was discharged home after seven days of stay. The biopsy was suggestive of mature teratomatous component.

Mature teratoma in the mediastinum is a rare tumor. It accounts for only 1 percent of all mediastinal tumors.[1,3] The most common reported sites of teratoma are sacrococcygeal (40%), ovary (25%), testicle (12%), brain (5%) and others including neck and mediastinum (18%). The child presents with compression symptoms lading to progressively severe respiratory compromise, low weight gain and poor appetite.[3,4,5] Most of such patients are diagnosed incidentally on chest X-ray. Confirmation of diagnosis and extent of disease needs a CT scan. The standard treatment for any such compressing mass is urgent surgical excision. Surgery offers the best outcome although surgical excision across all planes may be challenging due to the abutment of the mass close to great vessels, nerves and vital structures. Post surgery, the histology determines the need for adjuvant therapy.[1,5] For cases like ours, that are mature and benign histologically, surgery is the curative treatment and there is no role of chemoradiation.

A mature mediastinal teratoma is a potential surgical emergency due to its inherent closeness to vital structures and ability to compress them. Surgery is life saving and the patient recovers markedly with respect to respiratory function. We present this rare case to highlight its importance of a proper diagnosis and urgent operative intervention to avoid a potential catastrophe in a child.

Compliance with Ethical Standards
Funding: None
Conflict of Interest: None

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