CLINICAL SECTION

Feminizing Retroperitoneal Teratoma

Case Report

Retroperitoneal teratomata are rarely found in adults. Most of these tumours are benign cystic growths which attract attention in childhood by their size or pressure effects. Some lie dormant for 30 or more years and reach massive proportions only when malignant changes supervene (Marcus and Brewer, 1951). Other tumours are solid malignant growths, sometimes of 'chorion-epithelioma' type, which usually manifest themselves in early adult life. The following case appears to fall into the third group.

Case Report. A male, aet. 18, complained of vomiting and nausea every third day for seven months half an hour after his evening meal. He had had a throbbing pain in the left loin for three months, during which period he had lost 8 lb. in weight. The general condition was good. He had normal distribution of hair. Both breasts were enlarged, firm and tender with increased pigmentation of the areolae (Fig. 1). A considerable degree of acne was present on the face. A large fixed craggy mass was palpable in the left hypochondrium. The glands in the left supra-clavicular triangle were enlarged and firm. The external genitalia, testicles and the remainder of the physical examination were normal.

Investigations. Hb., 99 per cent. W.B.C., 12,000 per c.mm. Serum alkaline phosphatase, 9.5 units per cent. Serum acid phosphatase, 1.5 units per cent. Kahn test, negative. Urinalysis—nil abnormal. Fasting blood sugar, 75 mgm. per cent. Blood phosphatase, 4.1 mgm. per cent. Serum chlorides (as sodium chloride), 525 mgm. per cent. Serum sodium, 320 mgm. per cent. Ascheim Zondek test, positive. 17-ketosteroids, 5.95 mgm. per cent. per diem. Urinary pregnanediol, negative. An X-ray of the chest showed general increase in the vascular markings of both lung fields. There was no evidence of localized disease. A barium meal revealed no abnormality in the gastro-intestinal tract. Intravenous pyelography—normal right kidney; left kidney rotated and the outline of the lower calyces not clearly seen (Fig. 2). The left ureter was displaced outwards in the upper part of its course by a tumour mass. Retrograde catheterization of the left

ureter showed it to be considerably arched forward by a retroperitoneal tumour (Figs. 3 and 3a). Biopsy of the supra-clavicular glands showed a typical chorion-epithelioma with both syncytial and Langhan's elements and much haemorrhage and necrosis. The tumour showed numerous mitoses and in many places invasion of blood sinuses.

Discussion

Retroperitoneal teratomata are commonly located in the lumbar region. Care must be taken not to mistake retroperitoneal metastases of small testicular teratomata for primary growths (Prym, 1935, 1927). No malignant retroperitoneal tumour should be accepted as primary until the testes have been thoroughly examined. Cases like those of Fenster (1933) show that primary retroperitoneal teratomata, unassociated with testicular disease occur.

The view that chorionic and chorion-epitheliomatous tissue in teratomata is almost certainly only a form of anaplastic epithelial growth associated with haemorrhage (Willis, 1948) may have to be revised as a result of the clinical and hormonal findings in the case reported. The enlargement of the breasts, pigmentation of the areola, positive Ascheim Zondek test and the histological findings in the supraclavicular glands indicate that a true chorion-epithelioma had originated in the retroperitoneal tumour.

Summary

A case of a functioning retroperitoneal teratoma due to a chorion-epithelioma is reported.

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R. MARCUS, M.D., CH.M., F.R.C.S.,
University of Liverpool

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FIG. 1.—Showing enlargement of breast with pigmentation of areola.

FIG. 2.—Intravenous Pyelogram. The round opacities are tennis balls held in place by a tight binder to compress the ureters.

FIG. 3.—Lateral X-ray of the abdomen with a catheter in the left ureter.

FIG. 3A.—Normal position of the ureter in the lateral X-ray. Compare Fig. 3.