A SIMPLE NASOPHARYNGEAL TERATOMA

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A FURTHER case of neonatal asphyxia due to a simple naso-pharyngeal teratoma or "hairy nasal polyp" is recorded.

Case Report

F.R., the first child and the daughter of a doctor, was born at full term by normal delivery. The birth weight was 7 lb. 7 oz. Immediately after delivery there was considerable respiratory distress and cyanosis with evidence of intermittent laryngeal obstruction. Examination showed a polypoid tumour hanging down from the post-nasal space and obstructing the airway. No other abnormality was found. A Portex endotracheal tube was passed relieving the obstruction and a stomach tube was also passed to exclude œsophageal atresia. This tube passed into the stomach without difficulty and some 2 c.c. of clear mucus was aspirated.

She was transferred to The Hospital for Sick Children where further examination showed a pink, firm polyp covered with fine hair arising in the nasopharynx and descending to the level of the laryngeal inlet. The polyp was avulsed without difficulty by means of a snare passed through the nose and was lifted out through the mouth. No anæsthesia was used. The tumour appeared to arise from the basisphenoid in the midline and there was almost no bleeding after removal. Examination of the nasopharynx and larynx showed no other abnormality. After this operation the infant's condition was satisfactory. An X-ray of the base of the skull showed a normal appearance and she was returned to her mother at Queen Charlotte's Hospital the following day. Her subsequent history has been uneventful.

The polyp (Fig. 1) measured 5 × 1 × 1 centimetres and consisted of fatty tissues with a small piece of cartilage covered by hair-bearing skin. There was no evidence of malignancy. The constricting grooves are of interest, the upper, presumably, being caused by the nasopharyngeal isthmus and the lower, possibly, by the ary-epiglottic folds.

Comment

Simple nasopharyngeal teratomata are not common. Kesson (1954) found records of 11 cases over a period of 20 years of which six were of successful removal of such tumours in the neonatal period. He added one more. Ehrich (1945) reviewed 73 cases of hairy polyp in the literature in an article on Teratoid Parasites of the mouth and nose. He divided these teratomata into Epignathi, Epipalati and Episphenoids. It is to this last, and most common, group that the present tumour belongs.

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The history is very similar to those recorded in other cases (Kesson, 1954 and Wilson, 1931). Neonatal respiratory obstruction was caused by the ball-valve action of the tumour at the laryngeal inlet. This was relieved temporarily by intubation and removal of the polyp was performed without difficulty with very little bleeding. Early recognition by the obstetrician is, of course, vital.

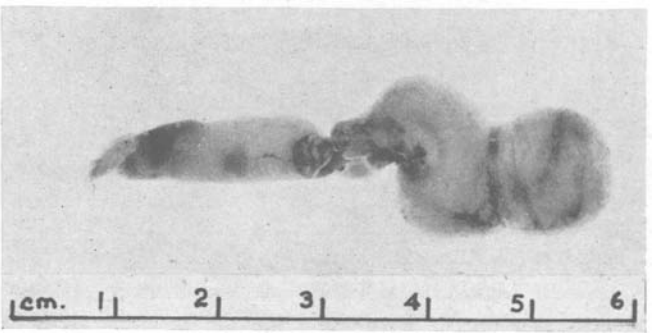


FIG. 1.
The tumour after removal.

With the simple type of teratoma obstruction does not always occur in the neonatal period and may develop some weeks or months after birth. The more highly developed teratomata are usually found in still-born infants.

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