A giant intraperineal and extraperineal mass

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DESCRIPTION

A 67-year-old woman was admitted to our hospital with severe low back/radicular pain and gait disturbance, and presenting a giant extraperineal mass (figure 1).

A preoperative CT scan documented a mixed fluid/solid mass measuring 35×19×18 cm dislocating the rectum and protruding outside the perineum in the infragluteal space, which was also associated with a sacrococcygeal malformation consistent with a coccyx’s cleft, as confirmed by MRI.

The patient reported the presence of a smaller sacrococcygeal mass since childhood, which increased in size over the past 3 years; she did not

Figure 1 (A) Clinical appearance of the perineal mass protruding outside the perineum in the infragluteal space (‘queen bee’ shape). (B) Preoperative iodine contrast-enhanced CT scan documenting the tumour: (B1 and B2) CT sagittal and coronal multiplanar rendering views: in the CT reformation images both intrapelvic and extraperineal components of the mass are shown; (B3) axial images: (B3) pelvic involvement and superior aspect of the extraperineal mass; (B4) axial plane at the level of the proximal third of the thighs documenting the maximum diameter of the extraperineal component. (C) MRI: turbo spin-echo T2-weighted axial images at different levels; (C1 and C2) intrapelvic extension of the mass in the retroperitoneal space and in the posterior sacral region; (C3 and C4) perineal and intraperineal major cystic component close to the left para-sagittal plain, adjacent to the proximal left thigh. (D) Posterior surgical approach to the tumour.
consider a medical consultation, however, due to a major depressive disorder.

The patient was scheduled for a surgical procedure and the tumour was completely removed via a posterior approach. The pathological examination documented a teratoma with focal areas of malignant transformation.

Sacrococcygeal teratomas (SCTs) are germ cell tumours, with an incidence of 1/40 000 live-births, affecting females 4 times more often than males.1, 2

SCTs are the most common presacral germ cell tumours in children and neonates. Up to 27% of SCTs are malignant, and the probability of malignancy increases with the age of presentation.1

SCTs are classified according to Altman classification into: type I, predominantly external masses with a small presacral component; type II, external masses with a significant intrapelvic component; type III, external masses with a pelvic and abdominal component; and type IV, internal masses with an intrapelvic and abdominal location; types II and III are dumbbell shaped.3

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REFERENCES

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