A case of facial teratoma
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Objective
Report of one case in Tunisia Specify the anatomical features of facial teratoma and consider the interests of foetopathology review.

Methods
Male baby, prematurely born at 28 weeks by cesarian section for chorioamniotitis dead at hour 23, product of a non-consanguine marriage, mother aged 36 grava 1, para 1, no medical history. Physical examination reveals a frontal mass on the left side of the face plus a facial dysmorphia. Dissection shows hyperplasia of lungs, hepatosplenomegaly and a frontal tumor about 4 inches an diameter, soft consistency. Histologic examination reveals neural tissue associated with areas of cartilage and hair ; hence the diagnosis of congenital teratoma of the face.

Results
Teratomas are germinal tumors showing tissue from all 3 germ layers: endoderm, mesoderm and ectoderm. The most frequent type of teratoma in the newborn is sacrococcygeal teratoma which accounts for 80% of cases. 2 % to 9% of teratomas are located in the head and neck. The prognosis of this tumor depends mainly on size and location of the lesion. Teratomas can be divided in 3 categories: Mature (benign), Immature (malignant), Monodermal: This type of tumor contains differentiated cells producing mature tissue in an inappropriate location, often different from surrounding tissues. Facial location is a differential diagnosis to encephalocele which only contains brain tissue.

Conclusion
Multidisciplinary examination is needed to ensure the newborn's survival. Pre-operative conditioning is needed to avoid complications and carcinogenic risks. Conclusion: Antenatal diagnosis of congenital teratoma of the face is very crucial allowing a multidisciplinary care involving obstetricians, neonatologists, surgeons and anesthesiologists.