AN UNCOMMON CASE OF CONCURRENT TUMORS: UNILATERAL WILMS TUMOR WITH CONTRALATERAL RETROPERITONEAL TERATOMA IN A 3 YEAR AN UNCOMMON CASE OF CONCURRENT TUMORS:

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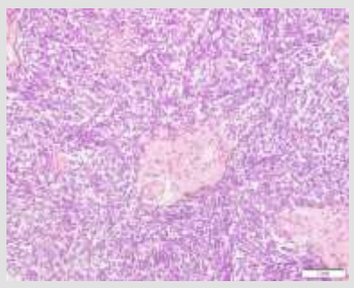
INTRODUCTION

- Concurrent primary malignant tumors in childhood are exceptionally rare. [1]
- Wilms tumor and teratoma histological features are being reported in the same tumor described as teratoid Wilms tumor which is a rare entity.
- Simultaneous occurrence of Wilms tumor and teratoma at separate sites is an extremely rare scenario and no literature study is available on concurrent Wilms tumor and separate retroperitoneal teratoma. [2]
- **Aim:** To present a challenging case of a 3-year-old boy with a synchronous Wilms tumor and a contralateral mature cystic teratoma, highlighting the pivotal role of MDT in achieving accurate diagnosis and formulating effective management plan

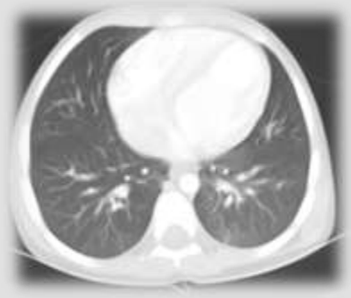
CASE PRESENTATION

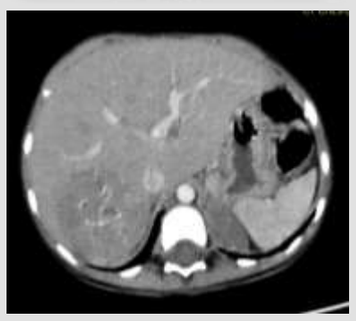
- 3 year old boy from Afghanistan
- Presented with right-sided abdominal mass
- Past history: VSD closure

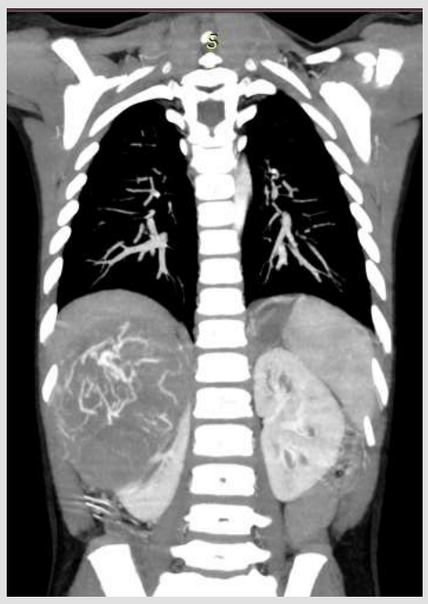


Initial workup: Trucut biopsy
Triphasic Wilms tumor

Staging workup

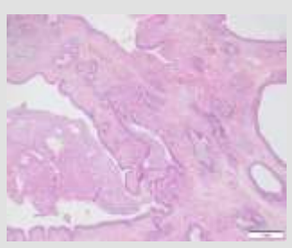






CT GUIDED BIOPSY OF LEFT SUPRA RENAL MASS

Left suprarenal mass biopsy:

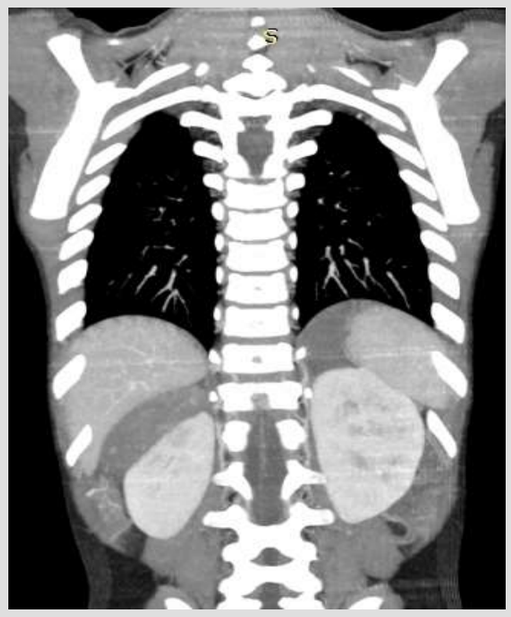


Morphology: spindle round cells

Immunohistochemistry:PHOX2B, Synaptophysin and WT1 :Negative:

Ruled out neuroblastoma and metastatic Wilms tumor.

POST CHEMOTHERAPY REEVALUATION SCAN



MANAGEMENT AND SURGICAL INTERVENTION

2ND MDT DECISION:

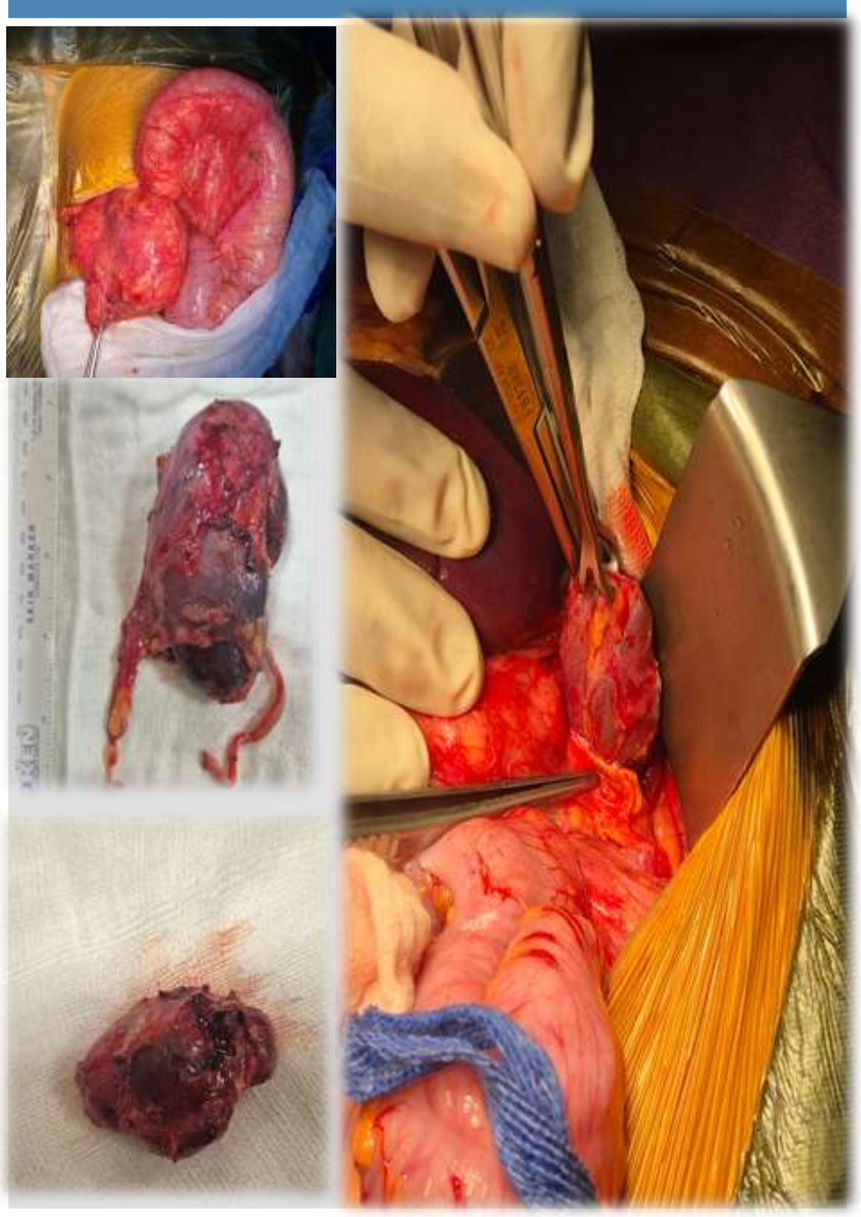
- Post chemotherapy imaging showed resectable disease of right side and stable left suprarenal mass.

SURGICAL PROCEDURE:

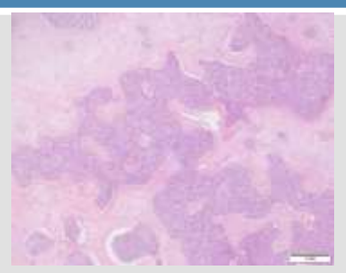
- Right adrenal preserving nephrectomy with aortocaval lymph node sampling.

-complete excision of left supra renal mass.

SURGERY

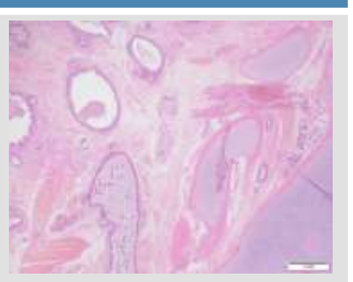


POST EXCISION HISTOPATHOLOGY



Right renal mass

- Residual Wilms Tumor
- High risk
- Blastemal component 85%
- Epithelial 10%
- Stromal 5%



Left supra adrenal mass

- Mature cystic teratoma\
- No immature component

POST EXCISION MDT DECISION

- FINAL STAGE: Wilms Tumor, STAGE II,HIGH RISK
- 6 cycles of Etoposide and Carboplatin chemotherapy
- Followed by re-evaluation scan

CURRENT STATUS:

- Patient has completed 3 cycles
- Awaiting re-evaluation scan post 6 cycles.

CONCLUSION

- This case highlights a rare co-occurrence of Wilms tumor and mature teratoma.
- A systematic, MDT-driven approach, utilizing advanced imaging, targeted biopsy, precise immunohistochemistry is essential for correct diagnosis and successful management, leading to a tailored surgical and oncological strategy for this complex presentation.

REFRENCES

- 3. Wu, W., Wu, Y., Xu, W., Liu, J., & Lv, Z. (2022). Teratoid Wilms Tumor and Classical Wilms Tumor: A Retrospective 10-Year Single-Center Study and Literature Review. Frontiers in surgery, 8, 781060. https://doi.org/10.3389/fsurg.2021.781060
- Myers JB, Dall'Era J, Odom LF, McGavran L, Lovell MA, Furness P 3rd. Teratoid Wilms' tumor, an important variant of nephroblastoma. J Pediatr Urol. 2007 Aug;3(4):282-6. doi: 10.1016/j.jpurol.2006.11.004. Epub 2007 Jan 22. PMID: 18947756.

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