Benign teratoma of the liver: a rare cause of cholangitis

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ABSTRACT

Teratomas are neoplasms characterised by an abnormal growth of tissues derived from the three germinal layers. The term ‘teratoma’ is derived from the Greek root ‘teratos’, meaning monster. Germ cells develop in the embryo and subsequently become the cells that make up the reproductive system. During fetal development, these cells follow a midline path and descend into the pelvis as ovarian cells or the scrotal sac as testicular cells. The presence of germ cells in extragonadal sites is because of the failure of these cells to migrate along the urogenital ridge. Therefore, teratomas occur in order of decreasing frequency in the ovaries, testes, anterior mediastinum, retroperitoneum, sacrococcygeal region and cranium.

Liver teratomas are very rare; of the 25 hepatic teratomas described in the literature, only five have occurred in adults. The majority of the cases were in female children below the age of three, mostly arising in the right lobe of liver.

We report a case of an adult male with benign mature teratoma arising in the left lobe of liver, compressing the common bile duct and causing obstructive jaundice. © 2006 Biomedical Imaging and Intervention Journal. All rights reserved.

CASE REPORT

A 46-year-old man was admitted for progressive jaundice and pyrexia occurring arbitrarily for a month. He also complained of episodes of chills and rigors, and showed significant weight loss. The patient was passing pale coloured stools and had pruritus. He also had a history of vomiting associated with upper abdominal pain. There was no history of bleeding tendencies, and the patient claimed to be non-alcoholic. His previous medical history was normal.

On clinical examination, he revealed jaundice with scratch marks seen on the skin of the arms and abdomen. His urine was dark coloured, and there was a palpable tender firm epigastric mass extending to the right hypochondrium.

The blood examination was consistent with obstructive jaundice: total bilirubin 99 mmol/L (3-17 mmol/L) conjugated bilirubin 93 mmol/L (0-3 mmol/L), alanine transaminase 127 IU/L (30-65 IU/L), aspartate transaminase 50 IU/L (15-37 IU/L), alkaline phosphatase 196 IU/L (50-136 IU/L) and GGT 124 IU/L (15-85 IU/L). A full blood count showed a haemoglobin level of 127 g/L, white blood cell count of 11.7 x 10⁹ and platelet count of 320 x 10⁹. Hepatitis serology was negative, and