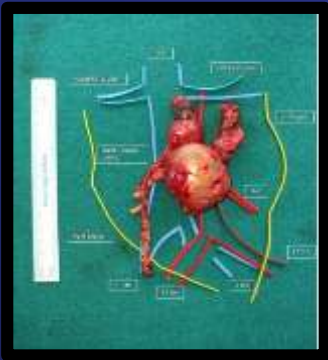


Deciphering Growing Teratoma Syndrome: A Five-Year Retrospective Study at a Tertiary Hospital

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Conclusion:

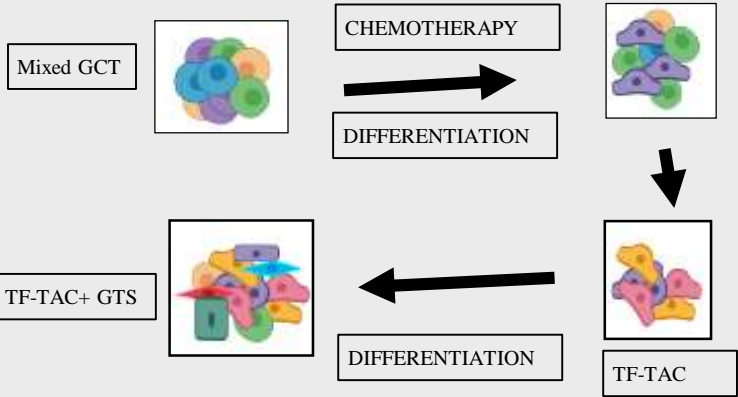
Improved oncologic outcomes are achieved by following steps:

- ♦ Early recognition of the paradox
- ♦ Complete surgical resection of residual masses- including adjunct procedures
- ♦ Multidisciplinary approach

Background

Growing Teratoma: Rare entity(2-8%)

"Uncommon phenomenon where serum tumor markers normalize but tumor size increases on imaging while under ongoing chemotherapy"



- ❑ Growth rate- 0.5 cm/month
- ❑ GTS with malignant transformation -2% to 8%.
- ❑ Requires complex multidisciplinary management
- ❑ Treatment- Complete Surgical resection
- ❑ Adjunctive procedures -23% to 100%
- ❑ Morbidity-18-44%

Methods

- ❑ Retrospective study
- ❑ Department of Urology, AIIMS New Delhi
- ❑ Duration of study : 1st August 2020 to March 2024
- ❑ MDT meeting – Case specific discussion
- ❑ Operative team- Urosurgeon, GI surgeon, vascular surgeon and thoracic surgeon

Results

Number (n)	n=12
Testicular tumor	
Left	8
Right	4
OT Setup	
CTVS OT	8
Urology OT	4
Incision	
Midline	8
Chevron	3
Thoracoabdominal	1
Mode of surgery	
Open	11
Robotic	1
Number of sitting	Single sitting except one(staged procedure)

Variable	N=12
Mean duration of post of stay	5 days
Drain placement	
Yes	4
No	8
Complication (No Clavin Dindo 3 or above Complication)	
Paralytic ileus	4/12
SSI	2/12
Somatic malignancy transformation	2 Neuroectodermal Adenocarcinoma
Recurrence at 1 year (10 patients completed equal or more than 1 year followup)	1(under observation)
Mortality at 1 year	1/12

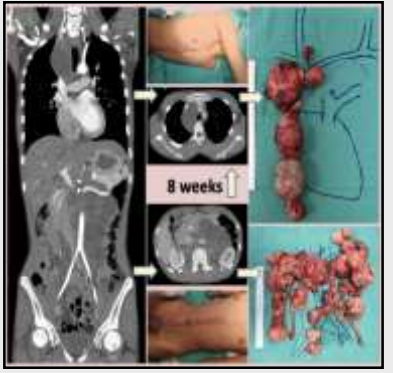


Mean duration(Open)- 6.5hr

Variable	N=12
Type of resection	
R0	11
R2	1
Adjuvant procedures	
Left simple nephrectomy	2
Aortic graft replacement	1
Hepatic resection	1
Peripancreatic resection	1
Thoracotomy and mediastinal mass resection	1
Diaphragmatic repair	1



Duration(Robotic)- 4.5 hr



Nephrectomy



Hepatic resection



Vascular reconstruction