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## ABSTRACTS

### POSTER

#### **Malignant Transformation of Mature Teratoma to Rhabdomyosarcoma.**

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Sarcomatous Malignant Transformation (MT) is rarely seen in cases of teratoma. We present the following cases to discuss management options.

1. 46 year old male presented with a 6 week history of L arm weakness and a 6 year history of L testicular swelling. MRI Brain showed a well defined 4.4 x 4 x 3.5 cm mass in the posterior part of the right frontal lobe. MRI Spine demonstrated spinal cord compression at T1. CT confirmed multiple pulmonary metastases along with bilateral adrenal and para-aortic nodal metastases. Bone Scan revealed metastatic disease. Histology of testis- differentiated teratoma with high grade sarcomatous transformation showing rhabdomyosarcomatous differentiation. He commenced TIP chemotherapy (paclitaxel, ifosfamide and cisplatin) 3 weekly with simultaneous radiotherapy to thoracic spine. Treatment was well tolerated with moderate improvement in upper limb power and function. Interim CT showed a partial response to treatment.

2. 26 year old male presented with a 2 month history of cough, CXR and CT confirmed a 12x10x8 cm anterior mediastinal mass with pleural extension. Mediastinal germ cell tumour was confirmed. He subsequently underwent chemotherapy with CBOP/BEP (carboplatin, bleomycin, vincristine and cisplatin induction followed by bleomycin, etoposide and cisplatin). CT revealed SD. Resection was attempted. Pathology showed MT with rhabdomyosarcomatous differentiation. Unfortunately, disease progressed while awaiting radical radiotherapy for a suboptimal resection. Adriamycin and ifosfamide was then commenced.

**Conclusion:** Although a rare occurrence, MT of mature teratoma to rhabdomyosarcoma has a variable response to combination chemotherapy.