Nasopharyngeal teratoma is a rare entity that can lead to severe problems in neonates such as airway obstruction. After securing the airway, which is the primary goal after delivery, the subsequent treatment of choice is a complete surgical resection of the teratoma. The prognosis if managed properly, can be excellent.

We present two cases of nasopharyngeal teratomas in newborns, which presented with respiratory distress after an otherwise uncomplicated delivery. A radiological examination followed that revealed a nasopharyngeal mass and was completely resected surgically. The histopathologic examination revealed teratomas.

Both patients were followed up 3 months after the surgery, with no findings of remaining pathologic tissue in the area.

Although NTs are histologically benign, they can cause high morbidity and mortality. They represent one of the most unusual cause of respiratory distress during the neonatal period.

• First case of a full term male neonate admitted the 2nd day after his birth at the ICU due to respiratory distress with intense wheezing.

Preoperatively CT image and histological sample (2.4x1.6cm).

Preoperatively, the neonate did not present any respiratory or feeding problems. He was discharged on the 4th postoperative day in good clinical condition. The boy had an uneventful and symptom-free postoperative period and his regular follow up radiological examination, 3 months after the surgery, appeared normal, with no findings of remaining pathologic tissue in the area.

Second case of a full term male neonate presented with severe respiratory distress and low oxygen saturation

Preoperatively CT and MRI images (2x0.9cm).

Postoperatively the boy's saturation and feeding improved remarkably. His general condition was excellent and he was discharged on the 5th postoperative day in good condition. He is scheduled for his regular follow up one month after the surgery.