Conclusion

Inspiratory stridor in neonatal period is a symptom that should be valued even when it is mild or without association with respiratory discomfort. Investigation should be performed until the proper identification of etiology, preferably with a Pediatric Otorhinolaryngologist evaluation.

Introduction

Congenital nasopharyngeal teratoma (epignathus) is a rare condition and tends to manifest with early obstruction of neonatal airway. Here we objective to reporting a atypical case of this rare condition that occured with late diagnostic despite newborn presenting inspiratory stridor at birth.

Case report

A full term baby, delivered by cesarea without intercurrences, whose parents identified mild inspiratory stridor in the first week of life, however little appreciated by pediatritians because of the mildness of condition and absence of respiratory distress. At the end of first month there was intensification of stridor and the pediatric raised the hypotesis of laryngomalacia, however it continued without specific investigation. During breast feeding, at 44days of age, the baby had worsening of stridor associated with respiratory failure that required orotracheal intubation at neonatal intensive care unit, during this procedure it was identified a mass occupying oropharynx(figure 1). Endoscopic investigation revealed a lesion filling entire rhinopharynx and which initially seems to have larynx insertion. After performed nuclear magnetic resonance to exclude central nervous system involvement, a surgical excision of the mass was then performed(figure 2). The histopathological analysis revealed mature teratoma. In immediate postoperative period the baby already had normal respiratory pattern and followed development without sequelae and no tumor recurrence.