A case of a rarely prenatal diagnosed fetal abdominal mass: fetus in fetu
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Objective
A 31 year-old woman was pregnant at gestational age of 37 weeks and 2 days. She was referred to the tertiary care center of perinatology because of fetal bowel distention seen via ultrasonography.

Methods
A detailed ultrasonographic examination by a senior obstetrician revealed that there was a well circumscribed circular mass in the fetal abdomen, measuring 44x38x40 mm (milimeters) in three dimensions, contained echoes of dotted and linear calcifications. Fetus was growth retarded mildly and there was severe oligohydramnios. After delivery by cesarean section, male infant was observed for abdominal distention because of the abdominal mass verified by ultrasonography and computed tomography. The baby underwent a laparotomy and excision of the abdominal mass.

Results
X-ray radiogram of the mass showed linear and amorph calcifications and figures like vertebral column and limbs. Pathologic examination revealed that there was rudimentary axial skeleton. There were 3 rudimentary limbs; the largest one was 1.5 cm (centimeters) long, the smallest one was 1 cm long. There were some gastrointestinal tract structure. The final pathologic report revealed that the mass was consistent with accephalic acardiac fetus. Karyotyping revealed the mass to be 46 XY. Pathologic and genetic examination of the mass was consistent with the diagnosis of Fetus in fetu (FiF) and look like other cases in the literature.

Conclusion
This case of FiF was distinguished from a teratoma by the possession of a vertebral axis and often by appropriate arrangement of other organs and limbs with respect to this axis. FiF is more common in female fetuses and babies. The gender of our neonate’s was male. Localization was retroperitoneal space, the most common. Prenatal diagnosis of this rarely clinical condition is difficult, because of some other differential diagnoses like hydronephrosis, cystic abnormalities and solid tumors of the kidney, intestinal duplication, intestinal lymphatic malformations, meconium ileus (usually associated with cystic fibrosis), meconium pseudocyst, teratoma, choledocal cyst, neuroblastoma, adrenal hemorrhage, infra-diaphragmatic pulmonary sequestration etc. If it's possible, delivery should be performed in a clinic in which expert obstetrical team, paediatric surgery and neonatal intensive care unit are available. Pathologic examination is surely essential to establish a final diagnosis, because all screening methods may have a pitfall. Multidisciplinary approach will be more satisfying to reach upper innovation in management of such cases like this.