A case report of prenatal diagnosis of fetal sacrococcygeal teratoma

Yucel A, Sanhal CY, Uygur D, Gollu G, Calmak M
Dr. Zekai Tahir Burak Women's Health Care, Education and Research Hospital, Ankara, Turkey

Objective
To present the prenatal diagnosis of fetal sacrococcygeal teratoma via ultrasound and MRI.

Methods
Case report.

Results
A 27-year-old gravida 1 para 0 woman was referred to our perinatology clinic (tertiary center) at 16 weeks of gestation for second opinion ultrasound. The personal and family history of the patient were unremarkable. In the current pregnancy, she did not report any medication use, had no history of fever and exposure of radiation. Ultrasonography during our initial examination revealed a single viable fetus and biometrical measurements consistent with the gestational ages of 16-17 weeks. The amniotic fluid volume was within the normal ranges. In addition a presacral 20x16 mm cystic mass with echogenic borders protruding externally was detected (sacrococcygeal teratoma). Sonographic evaluation of the other organs was normal. Two weeks later, MRI reported that the inferior part of the teratoma was completely cystic and superior part was solid with multilocular components. There was minimal sacral involvement and the mass was mostly extrafetal. During the close pregnancy follow-up, no other complications like fetal anemia, hydrops or high-output heart failure occurred. At the 39 weeks of gestation, a male 2810 gr fetus was born with cesarean section. The teratoma was 5 cm in diameter. The newborn was operated by pediatric surgery division and the mass was completely resected. The pathologic examination showed that the mass was mature cystic teratoma. There was no perioperative complications and the child was doing well at the 6th month postpartum.

Conclusion
The pediatric outcome of the cases with a prenatally detected fetal sacrococcygeal teratoma is favorable, particularly for the cases in which the tumor is mostly extrafetal and properly operated.