A case of congenital mesoblastic nephroma
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Objective
Learning how to recognize and diagnose a rare fetal renal tumor using ultrasound and magnetic resonance image (MRI). Review the main characteristics of the congenital mesoblastic nephroma (CMN).

Methods
Description of a case of CMN, suspected firstly by ultrasound examination at early third trimester. Retrieval of articles via PubMed, published during 2000-2015, describing cases (detected during the foetal or neonatal period) and/or clinical features of CMN.

Results
A 36 year-old G2P0101 healthy woman was referred to our department at 28 weeks’ gestation due to a right renal mass (52x36x52 mm) affecting the fetus, identified on routine screening prenatal ultrasound. A MRI confirmed the presence of a solid, well defined mass, arising from the inferior pole of the right kidney. Polyhydramnios was diagnosed at 32+6 weeks and due to maintenance of a rapid increase in amniotic fluid (AFI 40 cm), amniocentesis was performed. The genetic study of amniotic fluid was normal. At 34+5 weeks’ gestation, after spontaneous premature rupture of membranes, caesarean section was performed with the delivery of a female neonate, weighing 2150 g and with Apgar scores of 9/10. Postnatal MRI confirmed the presence of this mass. Right nephroureterectomy was delayed until the sixth week of life. The histopathological examination confirmed the final diagnosis of cellular type of CMN.

Conclusion
A renal tumor can be identified suddenly as very large mass, only in the third trimester, thus the importance of morphologic study at these gestational ages. Despite the exuberance of this tumors, CMN's features in ultrasound and prenatal MRI can predict the diagnosis. The management of polyhydramnios with amniocentesis can represent a good strategy. Development of amniotic fluid studies could be a possible way to achieve a most solid prenatal diagnosis, in the future.