Rapidly growing cervical teratoma: a dilemma in C-section
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Objective
We present a rapidly growing fetal cervical teratoma associated with agenesis of corpus callosum which caused early delivery resulting in fetal death.

Methods
A 24-year old, nulliparous woman was referred for the evaluation of a fetal neck mass at the 20th weeks of gestation. A left lateral heterogeneous neck mass was observed at the ultrasound examination, measuring 30x42x35 mm that consisted of cystic and solid areas. Fetal MRI and detailed ultrasound revealed a solid-cystic heterogeneous mass beginning from preauricular area extending to the anterior chest wall which compresses the fetal airway (Figure 1). Council of Perinatology decided to follow up by serial ultrasound/MRI and an elective cesarean section with EXIT procedure. Ultrasound revealed rapid enlargement of the mass and heavy polyhydramnios at the 24th weeks. The mass increased to a size of 110x97x96 mm. Agenesis of the corpus callosum was also detected at the detailed ultrasound examination. Unfortunately, at 25th weeks, emergent C-section was performed due to early membrane rupture and breech presentation. However, the mass was ruptured during cesarean due to its huge size and its fragile nature. A male infant weighing 790 gr, 28 cm length was delivered with Apgar scores of 2 and 0 at 1 and 5 minutes, respectively. Neonatal resuscitation was failed and the baby died. The macroscopic appearance of the newborn is shown in Figure 2, 3. The family denied autopsy or complete excision of the mass. Thus, we only got large biopsies from different areas of the mass. Histopathological examination was consistent with a teratoma and genetic analysis revealed normal karyotype.

Results
A 24-year old, nulliparous woman was referred for the evaluation of a fetal neck mass at the 20th weeks of gestation. A left lateral heterogeneous neck mass was observed at the ultrasound examination, measuring 30x42x35 mm that consisted of cystic and solid areas. Fetal MRI and detailed ultrasound revealed a solid-cystic heterogeneous mass beginning from preauricular area extending to the anterior chest wall which compresses the fetal airway (Figure 1). Council of Perinatology decided to follow up by serial ultrasound/MRI and an elective cesarean section with EXIT procedure. Ultrasound revealed rapid enlargement of the mass and heavy polyhydramnios at the 24th weeks. The mass increased to a size of 110x97x96 mm. Agenesis of the corpus callosum was also detected at the detailed ultrasound examination. Unfortunately, at 25th weeks, emergent C-section was performed due to early membrane rupture and breech presentation. However, the mass was ruptured during cesarean due to its huge size and its fragile nature. A male infant weighing 790 gr, 28 cm length was delivered with Apgar scores of 2 and 0 at 1 and 5 minutes, respectively. Neonatal resuscitation was failed and the baby died. The macroscopic appearance of the newborn is shown in Figure 2, 3. The family denied autopsy or complete excision of the mass. Thus, we only got large biopsies from different areas of the mass. Histopathological examination was consistent with a teratoma and genetic analysis revealed normal karyotype.

Conclusion
Cervical tumors have potential to obstruct the airway which can cause hypoxia and death after delivery. However, one must consider that rapidly growing cervical masses can rupture due to their fragility even in C-section in experienced hands.