



## Prenatal diagnosis of sacrococcygeal teratoma

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### Objective

To present a case of sacrococcygeal teratoma diagnosed prenatally.

### Methods

This is a case report.

### Results

Sacrococcygeal teratoma (SCT) is the most common tumor of newborns. Fetal teratomas diagnosed in utero are associated with a 50% risk of preterm delivery and a mortality rate of 15% to 35%. Most important mortality causes are high-output cardiac failure, fetal hydrops, preterm delivery and anemia. SCT are thought to arise from totipotent cells from the node of Hensen at the anterior aspect of the coccyx. A 33 year-old, g4 p2 woman with an unremarkable medical history and with no consanguineous marriage, was admitted to our perinatology clinic at 22 weeks' gestation for routine second trimester obstetrical ultrasound examination. On sonographic examination, we identified a 46x36 mm exophytic mass at the level of the sacrococcygeal region with a solid-cystic component. The patient has been informed about the diagnosis and possible perinatal risks related to teratomas. She was followed at regular interval to assess for mass growth, fetal cardiac failure signs, umbilical and ductus venosus Doppler findings and signs of hydrops. At 32th weeks, she was delivered by cesarean section due to regular contractions and progressive labor. The birthweight of the newborn female was 2365 g with Apgar scores of 3 and 7, at 1 and 5 minutes. The neonate was operated in the 6th postnatal day. During the postoperative period, no complications arose and there was a complete full recovery.

### Conclusion

SCT is a common neonatal tumor. The increasing availability of use of prenatal ultrasound has made the diagnosis of teratomas presenting in fetal life feasible. Solid tumors may have significant arteriovenous shunting that may lead to fetal hydrops and intrauterine death. However early diagnosis during fetal life and close follow-up with a planned management after delivery may help in achieving satisfactory clinic results.

