Incomplete mirror syndrome secondary to a fetal sacrococcygeal teratoma
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Objective
To present the case of a patient who developed mirror syndrome secondary to a fetal sacrococcygeal teratoma (SCT) with no fetal hydrops.

Methods
This is a case report.

Results
A 33-year-old woman G1P0 was referred to our Fetal Medicine Unit after being diagnosed with fetal sacrococcygeal teratoma (SCT) at 29 weeks of gestation. Previous ultrasound examination revealed a sacrococcygeal mass of 108x117mm with no abdominal extension, ascites and polyhydramnios (10 mm DP), but no pericardial or pleural effusion and no signs of anemia. The patient was admitted in out clinic with regular contractions and a cervical length of 34 mm, decreasing from 41mm. A new ultrasound examination performed in our unit confirmed the diagnosis of sacrococcygeal teratoma grade 2 with ascites but no fetal hydrops or sign of anemia were noted. Three days later the woman presented respiratory difficulty and regular contractions. Ultrasound examination demonstrated severe polyhydramnios (AFI 35 cm) that required drainage of 2050cc of amniotic fluid. On the 7th day at the hospital a new fetal ultrasound revealed left ureteric dilatation and hypertrophy of the bladder wall. Fetal Doppler parameters remained normal and no signs of anaemia were detected. The contractions persisted and at this moment the cervical length was 26mm. During the next two days maternal blood pressure increased and lower limbs oedema were noticed. Paraclinical investigation showed maternal anemia with haemodilution, increased transaminases and proteinuria. Despite treatment with labetalol, nifedipine, hydralazine and magnesium sulphate the blood pressure was not controlled and the patient was admitted to the intensive care unit with intense headache and photophobia. An emergency caesarean section (CS) was performed at 31 weeks of pregnancy and a female neonate of 1500g was born with Apgar score 3/9. Intubation and NICU admission were required. Neonatal ultrasound examination was performed during the first hours of life and demonstrated an intrabdominal component of the teratoma of 6cm and severe left hydronephrosis. Surgical intervention was undertaken with no postoperative complications at four days of life.

Conclusion
Sacrococcygeal teratoma is the most common congenital tumour, although, fortunately it has a low incidence, 1 in 35,000 births. Some characteristics of the tumour (large tumour size, more than 50% solid component, high vascularization) are associated with poor fetal prognosis. Maternal mirror syndrome can be present irrespective of fetal hydrops. The main difference between preeclampsia and mirror syndrome is that mirror syndrome is typically associated with haemodilution whereas in cases of preeclampsia is more common to find hemoconcentration. The major reasons for termination of pregnancy are severe fetal hydrops, severe bilateral hydronephrosis or serious maternal complications. In case of sacrococcygeal teratoma close monitoring is recommended in order to detect fetal and maternal complications.