

Prenatal diagnosis and outcome of subcutaneous occipital cysts

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Objective

Occipital subcutaneous cysts constitute a variety of possible aetiologies with different outcomes. We report a case with an atypical appearance of subcutaneous occipital cysts, aiming to depict characteristics of this presentation.

Methods

We report a case of a 25 year old nullipara with no significant history. First trimester NT which was performed outside our centre was abnormal at 4.0mm. NIPT screening was reassuring and no further action was taken. A diagnosis of occipital cysts was made at 21 weeks by an ultrasound scan done outside of our facility. Fetal structural survey did not reveal any other associated abnormalities. Amniocentesis was then performed upon the patient's request which revealed a normal karyotype. The patient came for a second opinion scan at 28 weeks. At the occipital subcutaneous level there were 3 adjacent anechoic images measuring 6, 6 and 4 mm respectively. It was located at the midline but was separate from the skin; there was however a suspicion of a communication with the cistern magna on 2D imaging. A 3-D scan and a multislice scan failed to identify any evident communication with the intracranial content. The total size was 17x6mm and was devoid of any flow on colour Doppler. A nuchal cord was also suspected. Biometry measurements were on the 50th percentile. Differential diagnosis included subcutaneous sebaceous cyst, small meningocele, and atypical lymphatic cysts which were discussed with the patient along with the respective outcomes.

Results

Follow up at an interval of 2 weeks showed a progressive regression of these images which were very hard to identify at 40 weeks. MRI was discussed, but in view of the favorable evolution of the images, it was decided to postpone it until after delivery if needed. The patient delivered by caesarean in our University hospital at 40 weeks. The baby had a normal Apgar score and postnatal examination. Transfontanelar ultrasound along with a high frequency ultrasound to the subcutaneous area failed to identify any significant features.

Conclusion

Transient cystic subcutaneous images of the occipital area can be benign. Careful screening for a small meningocele and evolution of the structures are mandatory before reassuring the parents.