A case of sacrococcygeal teratoma
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Objective
We present a case of sacrococcygeal teratoma to demonstrate the importance of prenatal diagnosis to ensure better postnatal management.

Methods
A descriptive case report.

Results
A 26-year-old woman, gravida 1, was referred to our Fetal Medicine Unit at 20 weeks and 3 days gestation for evaluation of a fetal tumour in a male fetus. There was no family history of birth defects. The patient did not have any medical or surgical history. She had a normal gestational course, with low risk of aneuploidies in the first trimester screening and a normal fetal scan at 13 weeks. The sonographic examination revealed a single intrauterine pregnancy with an estimated gestational age of 20 weeks. The study revealed an exoftotic mass of 26 x 24mm arising from the sacrococcygeal region with high vascularisation on doppler flow. There was no evidence of possible invasion of the fetal pelvis or abdomen. The spine appeared intact and the lower extremities, fetal kidneys and bladder appeared normal. No other abnormalities were detected in this scan. Magnetic resonance imaging was performed, which confirmed the diagnosis. Based on the above findings a diagnosis of external variety, type I in altmann classification, was confirmed. The amniocentesis was performed with normal karyotype and microarrays results. The fetal echocardiography scan was normal. The patient was scheduled for follow up ultrasounds weekly, and these showed an increase in the size of the mass up to 190 x 150mm with high doppler flow and severe polyhydramnios. The patient developed gestational diabetes which required insulin for treatment. The patient was admitted to the obstetric ward at 33 weeks and 6 days of gestation for preterm labour and treatment with atosiban was started. In her seventh day of admission the patient had premature rupture of membranes. The fetal heart rate monitoring revealed evidence of late decelerations, so an emergency cesarean section was performed. A male baby was born at 35 weeks and one day with a sacrococcygeal teratoma of 200 mm. The combined weight of baby and teratoma was 4030 grams. The excision of the teratoma was done after 36 hours of life, after embolisation of the middle sacral artery. Surgery was completed with no complications and the operating time was three hours. The reconstruction was without any excess skin. The pathological findings revealed an immature teratoma with no evidence of yolk sac tumor. The postoperative alpha fetoprotein levels decreased quickly. The baby was discharged at 25 days after birth with normal results on abdominal, cerebral and kidney ultrasound scans.

Conclusion
Sacrococcygeal teratoma are congenital tumours that are at risk of significant prenatal morbidity and mortality. Early prenatal diagnosis influences clinical decisions and multidisciplinary management providing better outcomes.