GIANT FETAL SACROCOCCYGEAL TERATOMA: CASE REPORT
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Objective: the fetal sacrococcygeal teratoma is the most common fetal tumor. Its incidence is around 1 in 20,000, and it is more common in females. It was classified by Altman according to the predominance of external or internal components. It is usually diagnosed as a solid-cystic spinal mass in fetal ultrasound, and the major differential diagnosis are the neural tube closure defects. Possible complications are urinary tract obstruction, anemia, cardiomegaly and high-output heart failure. The high risk tumors are those with a solid or vascular component and those with more than 10 centimeters in the major diameter. Termination of pregnancy is usually around 32 weeks of gestation in severe cases, and perinatal mortality can reach 50%, above all due to prematurity. Intrauterine fetal death may occur mainly due to tumor bleeding and hemodynamic failure related to fetal anemia.

Methods: case report of a rare giant sacrococcygeal teratoma in a female fetus based on medical record and literature review.

Results: female patient, 23 years of age, G2C1, gestation age of 29 weeks and 4 days in her first appointment in our center, was diagnosed with a fetal sacrococcygeal teratoma of 6.6 x 4.6 x 5.9 centimeters. Fetal heart evaluation through echocardiogram at 29 weeks showed no abnormalities. Patient and fetal follow-up by ultrasound continued weekly, with tumor measurement, evaluation of the placenta and doppler assessment. Magnetic resonance showed no different findings, with no identified internal extension of the tumor. Echocardiogram was repeated with gestational age of 33 weeks, and due to the tumor size increase and signs of anemia in the doppler evaluation, cesarean section was indicated at GA 33+3. The newborn weight was 2970 grams and the APGAR, 6/7. Surgery was performed at 5 days of life, with complete en bloc resection of the tumor, skin and coccyx. The baby went through an adequate post-operative recovery.

Conclusion: the role of ultrasound in the evaluation of the fetus in cases of sacrococcygeal teratoma includes not only the tumor size, but also markers of fetal hydrops, such as polyhydramnios, placental thickness and heart function, and anemia investigation through measurement of the peak systole velocity of the mid cerebral artery. Magnetic resonance is usually indicated to evaluate tumor extension and involvement of adjacent structures. Intrauterine treatment through open surgery can be an option in cases of high risk tumors and fetal hydrops between 28 ans 32 weeks. Minimally invasive approaches such as laser ablation, radiofrequency of cyst aspiration may also be considered.