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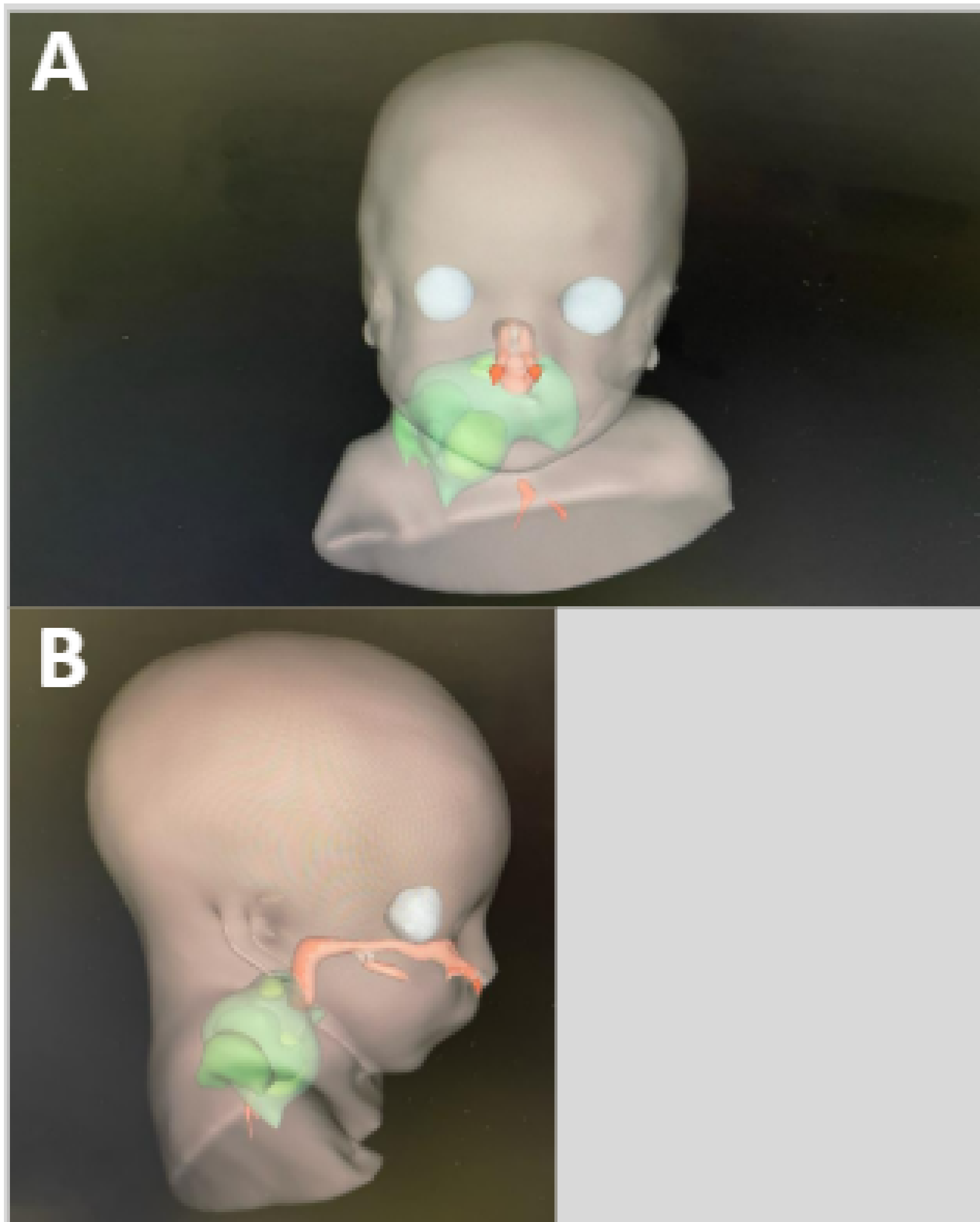
Prenatal management of fetal cervical teratoma

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Introduction: Teratomas are benign tumors that derive from aberrant germ cells.They usually present themselves as masses with both solid and liquid components and around calcifications. Cervical teratomas comprise about 5% of these lesions, most of which are perceived during prenatal USG.

Case report: A 30 years old patient was referred for routine obstetric ultrasound on 07/19/2023.
Topical gestation of 22 weeks of evolution, with fetal evaluation demonstrating expansive cervical formation on the right, of mixed pattern, measuring 2.2 x 1.8 cm. Submitted to fetal MRI on 08/31/2023, with a report of "heterogeneous expansive formation, located in the cervical region on the right, presenting areas of cystic aspect, solid and with signal intensity similar to that of the fat inside, measuring approximately 3.6 x 3.2 cm"
Cesarean section performed with 37 weeks of gestation, fetus weighing 2865g, showing a large cervical mass on the right. Excision of the tumor was performed on the third day of life, with esophagorrhaphy and esophagoplasty due to adhesion to the right lateral-anterior wall of the esophagus, which had a voluminous diverticulum.The final histopathological diagnosis was a mature teratoma.

Conclusion: Cervical teratomas are a rare occurrence which can require airway monitoring and can cause obstruction of the esophagus. The performance of prenatal USG allows the early finding of this type of lesion, and fetal MRI is able to determine the extent of the lesion. Together, these imaging methods can define the ideal conduct for each case, indicating intrapartum treatment ex uterum (EXIT) and cesarean sections, in addition to reconstruction of the affected areas when necessary.
Prenatal monitoring and the use of imaging techniques are decisive for the success of pregnancy and for the possibility of a good outcome for the malformed neonate, since they allow the organization of childbirth in order to favor the prognosis of the child.



3D model made through Magnetic Resonance, anterior (A) and profile (B) incidences



Child at birth, at 37 weeks, with bulky right cervical mass



Expansive cervical formation with mixed pattern