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## Successful EXIT-to-resection of a large fetal intrapericardial teratoma

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### Introduction

Pericardial teratomas are rare benign pericardial tumors. Although these tumors are benign, they can considerably grow during fetal life leading to increased risk of pericardial effusion, compression of the heart and potentially compromising cardiac output and intrauterine death.

### Case Presentation

An extremely large pericardial teratoma was diagnosed at 20 weeks’ gestation. Serial ultrasonographic and echocardiographic follow-up examinations were performed showing absence of hydrops and normal fetal cardiac function throughout the entire gestation, despite the extremely large size of the tumor. At 36 weeks’ gestation, an EXIT-to-resection procedure was successfully performed because of sudden development of fetal hydrops with mirror syndrome. On placental-fetal circulation, the pericardial teratoma was completely resected allowing for successful maternal-fetal outcome.

### Conclusion

Serial fetal echocardiogram is a key prenatal tool to evaluate fetal cardiac function is large pericardial teratomas. EXIT-to-resection procedure of fetal pericardial teratoma is a safe perinatal therapeutic option to improve the outcomes of those babies.

**Keywords:** pericardial teratoma, mediastinal teratoma, fetal ultrasound, fetal echocardiogram, fetal surgery, EXIT procedure  
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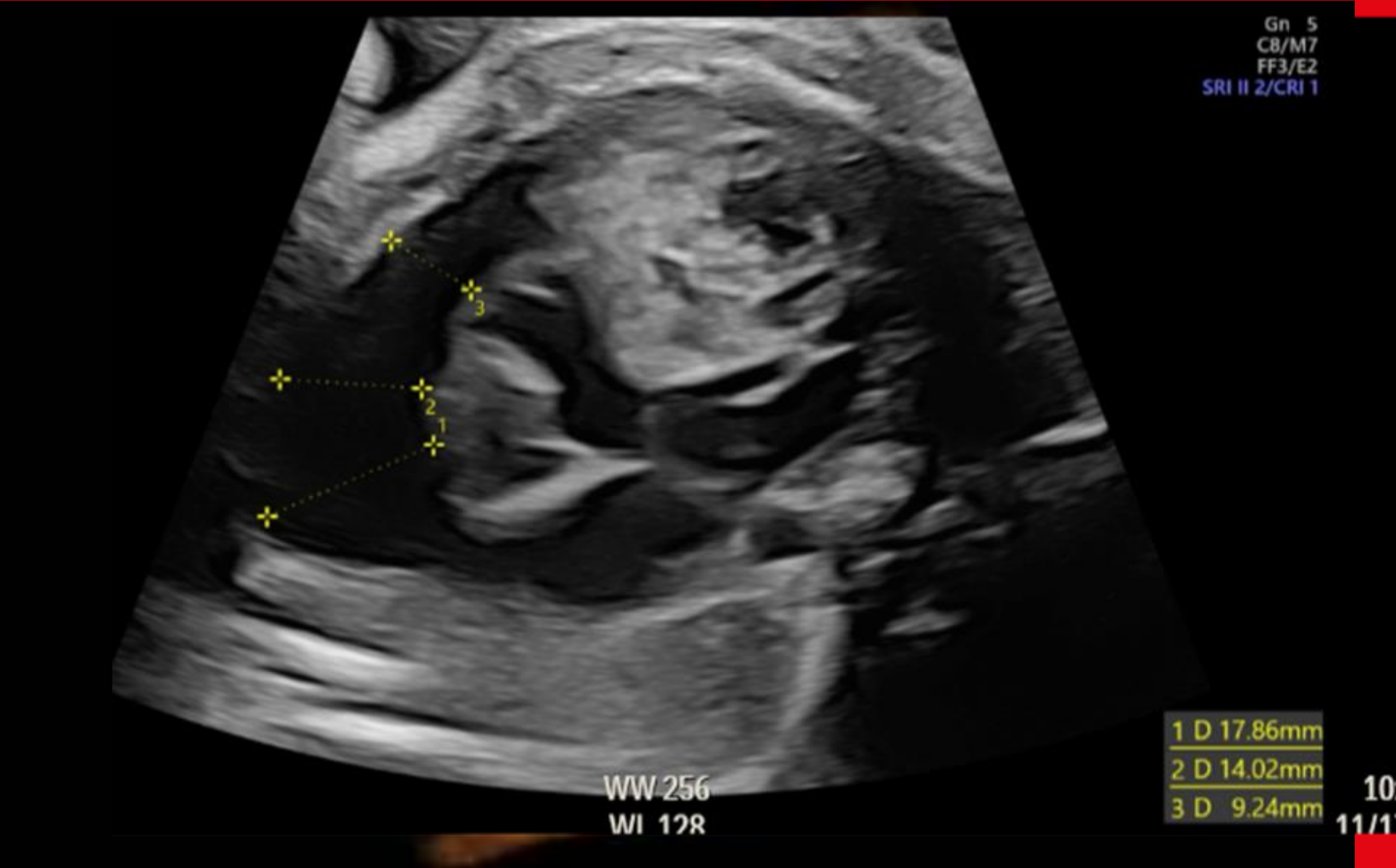


Figure 1. Ultrasound showing a large pericardial teratoma.



Figure 2. EXIT-to-resection of a large pericardial teratoma.