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Prenatal ultrasound assessment and perinatal outcome of sacrococcygeal teratoma: a case series of five fetuses

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Introduction

Sacrococcygeal teratoma (SCT) is the most common congenital fetal tumor and may lead to significant perinatal morbidity due to tumor vascularity and high-output cardiac failure. Prenatal ultrasound plays a key role in diagnosis, risk stratification and surveillance of fetal complications.

Case

We report five fetuses diagnosed with SCT during routine prenatal ultrasound between the second and third trimester in a tertiary referral center. Ultrasound demonstrated a mass arising from the sacrococcygeal region with mixed solid and cystic components.

According to the Altman classification, three tumors were predominantly external (Type I–II) and two showed significant intrapelvic extension (Type III). Color Doppler revealed marked vascularization in the solid components in four cases.

Tumor growth and fetal condition were monitored with serial ultrasound examinations. Tumor volume to fetal weight ratio (TFR) was calculated to assess the risk of fetal complications. One fetus with an elevated TFR developed signs of high-output cardiac failure with cardiomegaly and mild ascites, while the remaining fetuses remained hemodynamically stable without hydrops. All pregnancies were managed in a multidisciplinary setting with planned delivery in a tertiary center. After birth, all neonates underwent complete surgical resection including coccygectomy. Histopathological examination confirmed SCT in all cases. Postoperative evolution was favorable in four neonates.

Conclusion

These findings highlight the importance of detailed prenatal ultrasound evaluation, including TFR assessment, to identify fetuses at risk of cardiovascular compromise and optimize perinatal management.

