

(EP05.47). Fetal cervical mass with aerodigestive compromise: an unexpected neuroglial aetiology

Dr. Ladbans Kaur, Dr. A Bhalla, Dr. M Preet

Case Report : We report a 27 years primigravida at 32 weeks referred for polyhydramnios detected on routine growth scan. No significant medical/family history. Ultrasound demonstrated a well-defined, predominantly hypoechoic heterogeneous mass along left lateral aspect of neck and face neck measuring 60× 45 × 40 mm. Polyhydramnios seen which was secondary to aerodigestive compression by the mass. Power Doppler showed moderate vascularity supplied by branches of the left external carotid artery (Fig 2). Fetal MRI revealed a complex lesion heterogeneous on T1 and T2-weighted images involving left parotid, masticator and submandibular spaces. Medially extending into the parapharyngeal space causing compression of oropharyngeal and laryngeal airway. Laterally producing an outward bulge of the overlying skin contour. Superiorly was seen extending up to the skull base without evidence of intracranial extension and posteriorly bearing close proximity to neck vessels. Given the anticipated airway obstruction at birth, delivery was planned at 34 weeks using the EXIT procedure. The neonate required ventilatory support for one month which was tapered off following which the airway was maintained by tracheostomy fed via a nasogastric tube. Postnatal CECT demonstrated similar findings with persistent aerodigestive compromise. The infant received multiple intralesional bleomycin injections followed by surgical excision with preservation of the parotid and submandibular glands. HPE confirmed glial heterotopia with MAP2 kinase–positive neuronal elements. This case highlights the importance of multidisciplinary planning, advanced imaging, and thorough parental counselling to optimize perinatal outcomes.



Fig 1. well-defined, predominantly hypoechoic heterogeneous mass with tiny echogenic foci on the left fetal neck and face producing a bulge in contour and elevating the ear (arrow) effecting swallowing and resulting in secondary polyhydramnios (a, b, c).

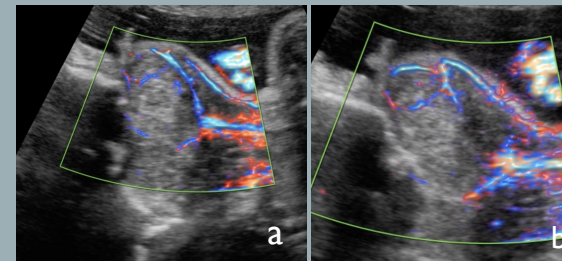


Fig 2. Power Doppler showing moderate vascularity supplied by the branches of the left external carotid artery (a, b).

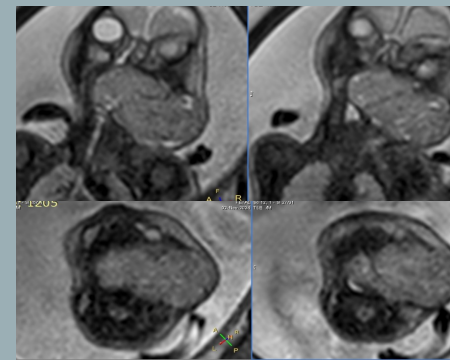


Fig3. MRI showing Cervical mass extending into the parapharyngeal space, causing displacement and compression of the nasopharynx, oropharynx, and larynx.



Fig 4 Postnatal picture of neonate on Tracheostomy and NG tube