

(EP05.02). Fetal sacrococcygeal teratoma: prenatal imaging spectrum and outcomes from a two-year case series

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Case Report : 8 cases of foetal sacrococcygeal teratoma seen over a 2 year period between 22-28 weeks of gestation. We included four features which were classification, size, tissue characterisation and vascularity. 1 of 8 cases showed solid and cystic component with predominantly extrafetal component and small presacral component (Type 1) Fig 1 and had good outcome following postnatal surgery. 3 of 8 had large sacrococcygeal teratomas showing significant intrabdominal as well as extrafetal component (Type 3) with moderate vascularity causing back pressure changes on the urinary system (bilateral hydroureteronephrosis) Fig 2 and gastrointestinal obstruction and these opted for termination of pregnancy. 4 out of 8 cases showed completely cystic intrapelvic lesion (Type 4) and showed no vascularity or no intraspinal extension Fig 3. Its differentiation from presacral meningoceles and cystic lymphangioma is challenging whereby median sacral artery can help differentiate sacrococcygeal teratoma. 3 of the cystic (Type 4) sacrococcygeal teratomas decided to continue which on follow up were monitored for tumour volume to foetal weight ratio, features of high cardiac output failure genitourinary and GI obstruction and middle cerebral velocity flow. All these 3 cases had a good outcome following postnatal surgery. Fetal anaemia may indicate high cardiac output or intratumoral haemorrhage, and monitoring for maternal mirror syndrome is essential. Therefore early recognition of these features aids risk stratification with favourable outcomes seen after postnatal surgery, particularly in type 4 lesions.

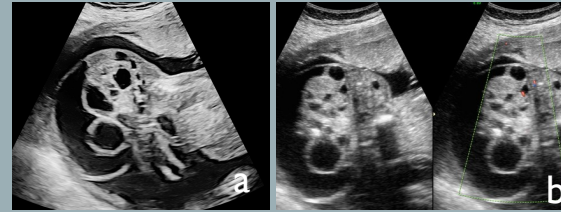


Fig 1. Type 1 mildly vascular SCT with predominantly an extrafetal and small presacral component a, b.

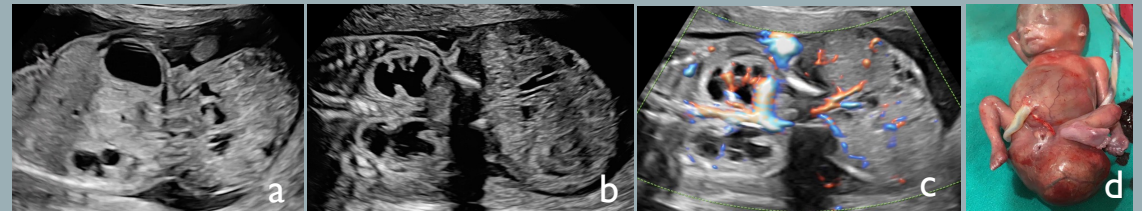


Fig 2. Fetus with large SCT with intra and extrafetal component causing bilateral hydroureteronephrosis with moderate vascularity seen on 2D and power doppler(a, b, c) Abortus showing similar findings (d).



Fig 3. Fetus with complete intrapelvic cystic presacral SCT (Type4) displacing the rectum and sigmoid anteriorly. Urinary bladder seen separate from the mass. Postnatal surgical specimen of the resected SCT (a, b, c, d).