

[EP09.58] Fetal Therapy for Sacrococcygeal Teratoma: Challenges, Breakthroughs, and Clinical Lessons from a Case Report

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Introduction

Sacrococcygeal teratoma (SCT) is the most common fetal tumor and, when large and highly vascular, is associated with severe fetal and maternal morbidity. Management of high-risk SCT remains challenging, and the role of fetal therapy is still debated. We report a case of an early-diagnosed, rapidly progressive SCT requiring multiple prenatal interventions, culminating in an EXIT procedure at an extremely early gestational age, providing additional insight into the feasibility and limitations of combined fetal therapies.

Case Presentation

A 33-year-old nulliparous woman was referred at 15 weeks' gestation for suspected SCT. Serial ultrasound examinations demonstrated rapid tumor growth with marked vascularity, fetal anemia, high-output cardiac failure, polyhydramnios, and progression to hydrops fetalis. Management included amnioreduction, four intrauterine

transfusions, two radiofrequency ablations, and targeted glue embolization of feeding vessels. Following preterm premature rupture of membranes, an EXIT procedure was performed at 26+4 weeks, allowing controlled resection of a 1.65-kg tumor under uteroplacental support. Postnatally, the neonate required prolonged respiratory support but ultimately stabilized. Maternal complications included mirror syndrome and ovarian hyperstimulation syndrome, both successfully treated.

Conclusion

This case highlights the importance of individualized, multidisciplinary management in severe fetal SCT. A staged combination of fetal therapies, including EXIT delivery, may improve outcomes even in cases with an initially poor prognosis.



Sacro-coccygeal Teratoma resected during the EXIT procedure