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Prenatal diagnosis, fetal pericardiocentesis and postnatal surgery for intrapericardial teratoma diagnosed at 24 weeks

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Introduction

Intrapericardial teratoma is a rare fetal cardiac tumor that may lead to massive pericardial effusion, cardiac compression and fetal heart failure. Prenatal ultrasound plays a key role in diagnosis, monitoring and guiding perinatal management.

Case

We report a case diagnosed at 24 weeks of gestation during fetal echocardiography. Ultrasound revealed a heterogeneous mass measuring approximately 2.5×2 cm located in the right posterolateral pericardial region, associated with a large pericardial effusion (**Figure 1**). Signs of cardiac compromise were present, including fetal ascites suggestive of developing hydrops secondary to cardiac failure. Cardiac anatomy was otherwise normal with two balanced ventricles and preserved contractility. Doppler evaluation showed normal intracardiac flows and regular cardiac rhythm.

Because of the large pericardial effusion and the risk of cardiac tamponade, an ultrasound-guided fetal pericardiocentesis was performed (**Figure 2**). The procedure allowed evacuation of pericardial fluid and immediate decompression of the heart. The pregnancy continued under close ultrasound surveillance. After delivery, the neonate underwent surgical resection of the mass. Postnatal findings confirmed the diagnosis of intrapericardial teratoma and the postoperative course was favorable.

Conclusion

This case highlights the importance of prenatal ultrasound for early recognition of intrapericardial tumors and signs of fetal cardiac failure. In selected cases, fetal pericardiocentesis may stabilize the fetal condition and allow continuation of pregnancy until definitive postnatal surgical treatment.

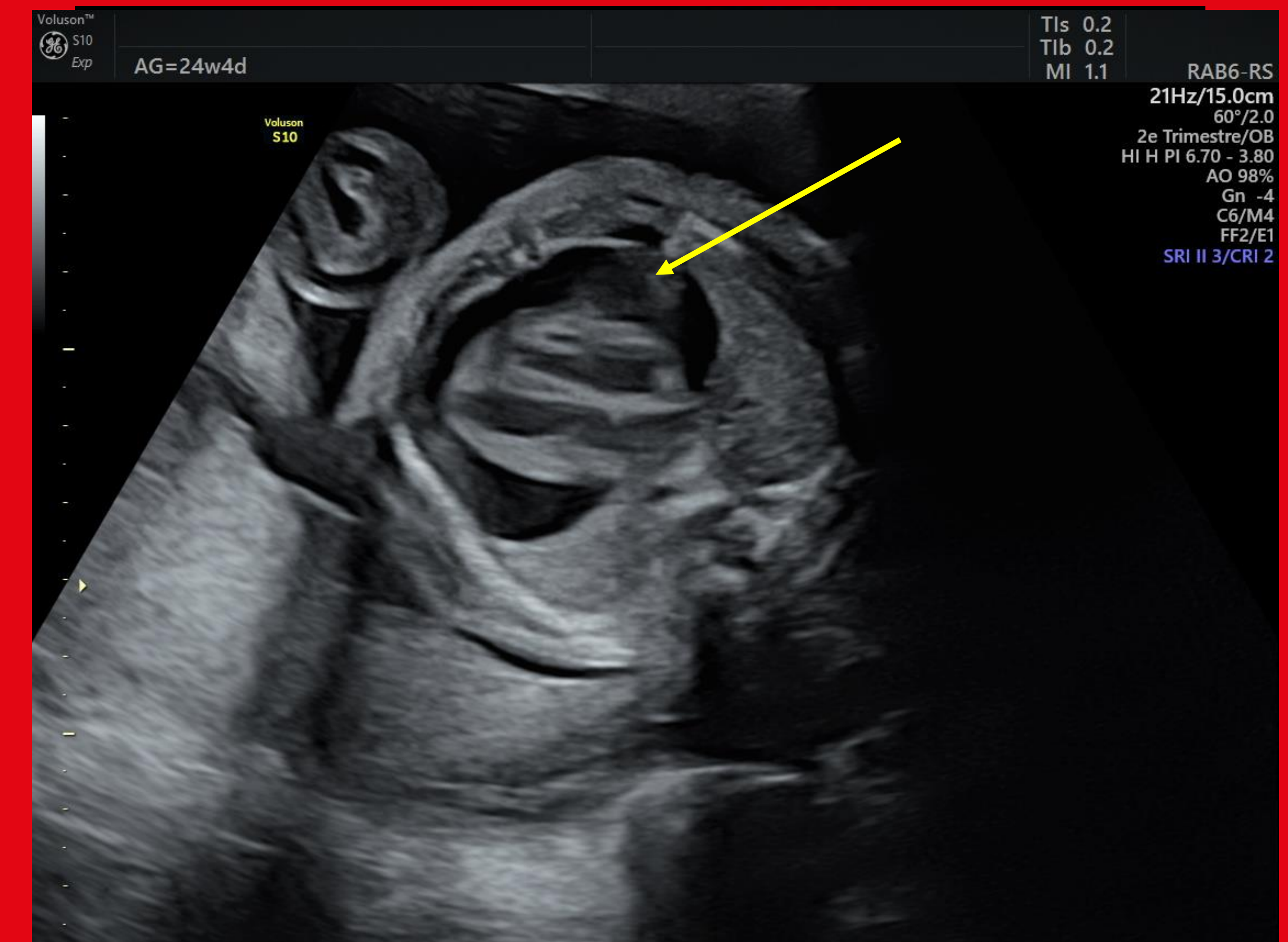


Figure 1. echocardiography (yellow arrow : teratoma)



Figure 2. Doppler of the tricuspid valve