

Fetal Sacrococcygeal Teratoma: A Rare Case Report

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OBJECTIVE:

Sacrococcygeal Teratoma (SCT) is a rare congenital anomaly, with an incidence of 1 in 40,000 live births, resulting current literatures for this case are very limited. Identification of SCT and other accompanying congenital anomalies prenatally requires knowledge and expertise of a specialist in obstetrics and gynecology therefore plays an important role in preparing the management of the patient which affect its prognosis.

CASE REPORT:

A 26-year-old woman with Gravida 2, Para 1 brought a referral letter at 28 weeks of gestation with suspected fetal congenital anomaly. Fetal scanning was performed and no other abnormalities but an exophytic cystic mass in the sacrococcygeal region, size 5.37 x 3.52 cm suspicious for SCT with differential diagnosis as a meningocele was detected. Chromosomal analysis of the fetus were 46, XY without major structural abnormalities. Last ultrasound evaluation was performed at 38 weeks of gestation and visualized the mass size increased to 9.81 x 7.41 cm. Termination of pregnancy was carried out by caesarean section, and a vigorous baby boy was born with a mass of 23 cm in diameter on sacrococcygeal region suggesting SCT. A cystic mass with a fat and solid component of extra fetal coccygeal region with minimal extension to presacral region, suggesting an Altman type 1 SCT was visualized on abdominal Computed Tomography Scan on the baby. Tumor resection surgery was performed by Pediatric Surgeon on 24th day of life, with pathology results suitable for immature SCT. The baby is currently in good condition with regular monitoring of tumor markers.

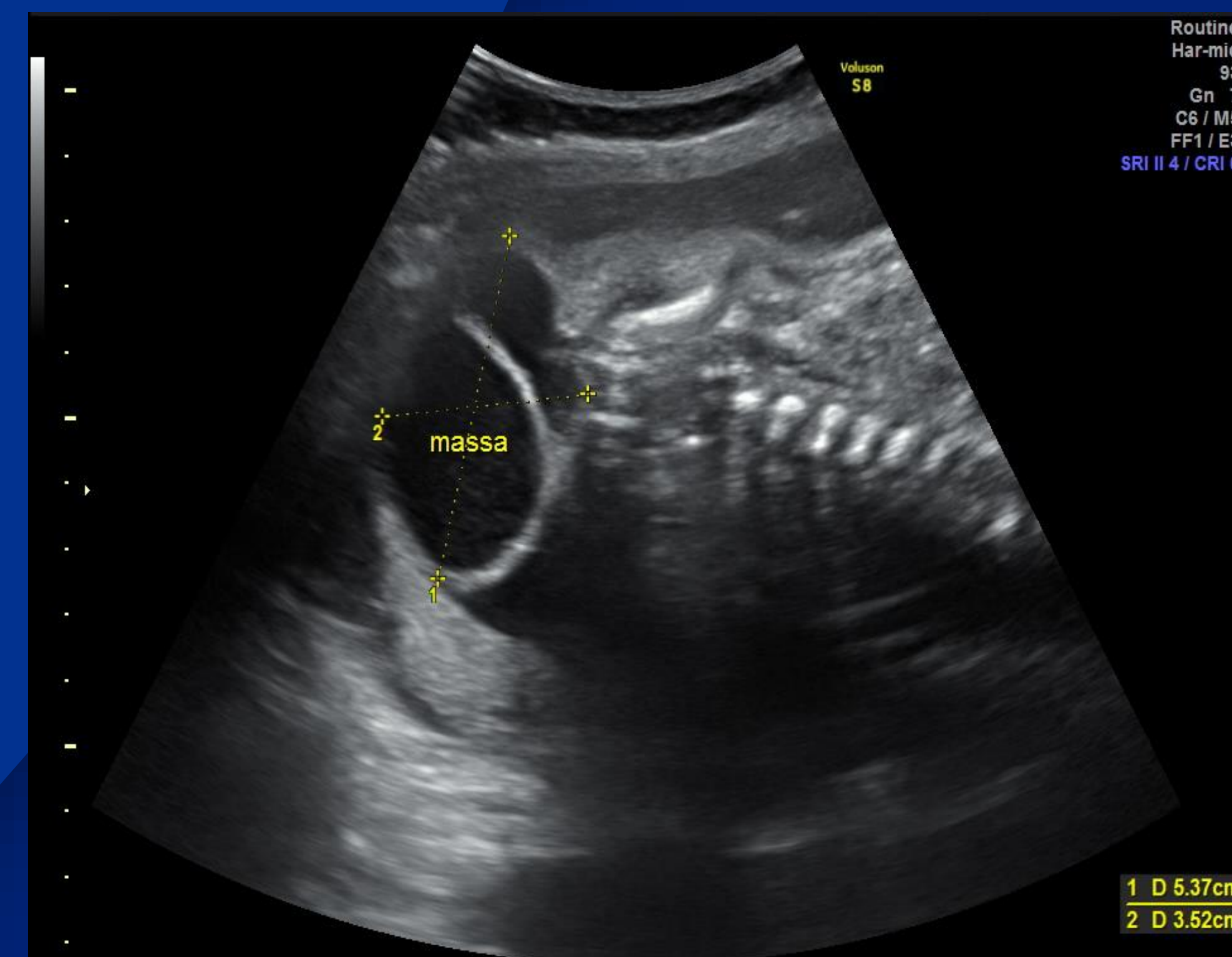


Figure 1. Fetal scanning performed at GA 28 weeks, showed a hypo echoic appearance in the sacrococcygeal region size 5.37 x 3.52 cm, suspected for SCT dd/meningocele, with no other abnormalities



Figure 3. Abdominal CT Scan with contras was preformed on 11th day of life suggesting an Altman type 1 SCT



Figure 2. Born baby boy, 4160 gr, AS: 8-9, with a mass of 23 cm in diameter, chewy consistency, mobile, intact (+), translumination test (+) in the sacrococcygeus region

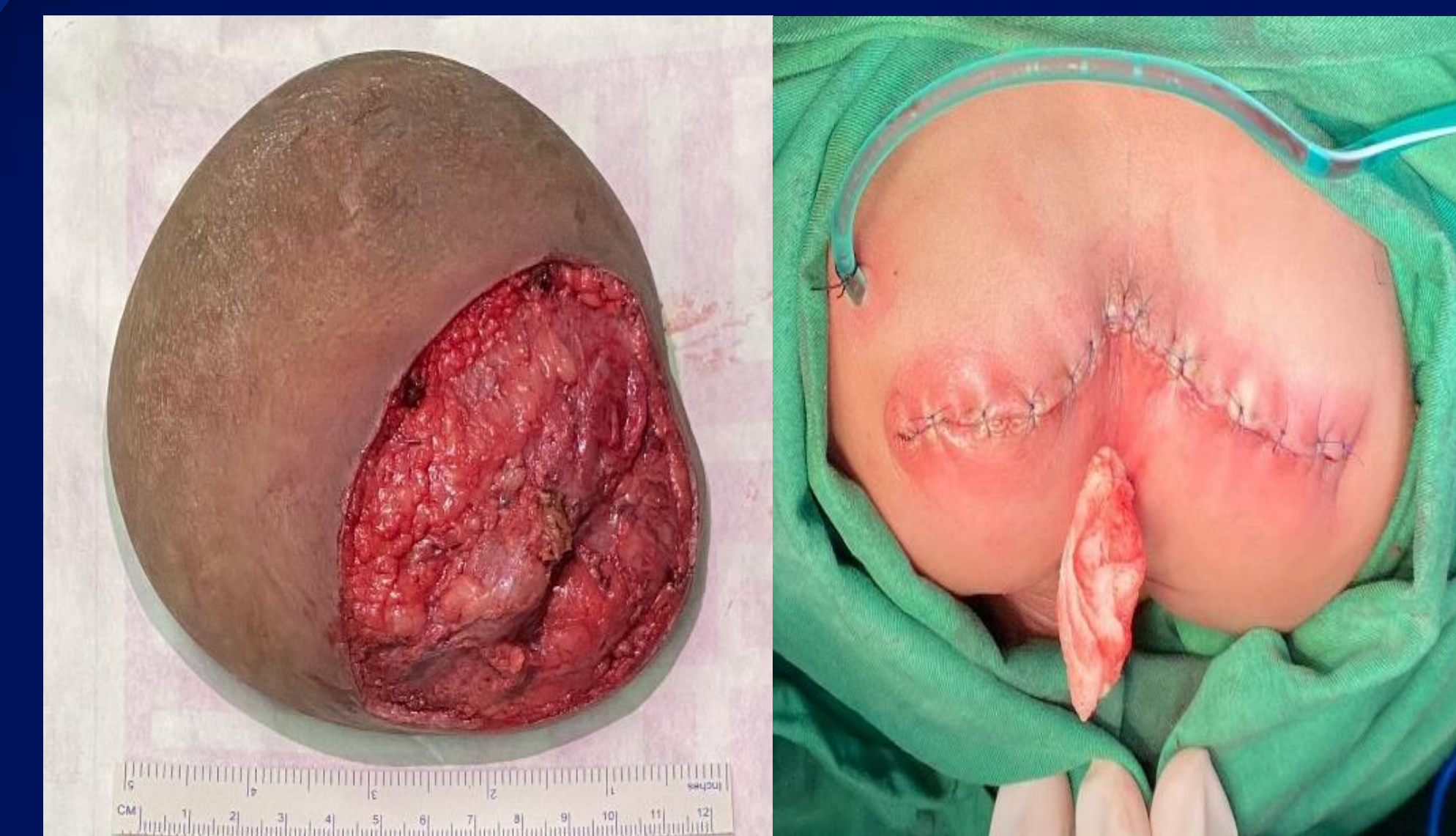


Figure 4. Tumor resection surgery was performed by Pediatric Surgeon on 24th day of life, with pathology results suitable for immature SCT

DISCUSSION:

Although diagnostic imaging by ultrasound examination cannot accurately predict the histologic subtype of the tumor, a thorough evaluation of ultrasound plays an important role in confirming the diagnosis, demonstrating intra-abdominal mass expansion and effects on adjacent anatomic structures, other accompanying congenital abnormalities, complications in the fetus, as well as planning for delivery and postnatal management, especially in the setting of limited other diagnostic facilities.

CONCLUSION:

Management of pregnancy with SCT should emphasize the establishment of accurate prenatal diagnosis, planning a suitable mode of delivery, and multidisciplinary coordination aiming a better prognosis for the baby.