DOI: 10.1501/Tıpfak_000000920

Prenatal Diagnosis of Sacrococcygeal Teratomas; Case Report

Sakrokosigeal Teratomun Prenatal Tanısı; Olgu Sunumu

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Sacrococcygeal teratomas are the most common tumors among newborns. Incidence of SCT ranges between 1/35 000 and 1/40 000. Not only the tumor's vascularity but also the accompanying placentomegaly, polyhidramnios and fetal hidrops are the main predictors of fetal outcome. Here we describe our experience of a 22 weeks and 3 days pregnancy complicated with a fetal sacrococcygeal teratoma accompanied with cardiac sequale. In our case SCT was measured 80x78x72 mm (cranio caudal x transverse x antero posterior) in size. After appropriate counselling pregnancy was terminated.

Key Words: ***Sacrococcygeal Teratomas, Prenatal Diagnosis, Pregnancy Termination***

Sakrokoksigeal teratom yenidoğanlarda sık görülen bir tümördür. İnsidansı 1/35 000 ile 1/40 000 arasındadır. Fetal sonucu belirleyen faktörler tümörün damarlanmasına ek olarak mevcut plasentomegali, polihidroamniyoz ve fetal hidropsdur. Bizim sunduğumuz olgu 22 hafta 3 günlük gebeliği tespit edilen büyük bir sakrokoksigeal teratoma eşlik eden fetal kalp yetmezliği olgusudur. SCT 80x78x72 mm (kraniokaudal x transvers x anteroposterior) boyutlarında ölçülmüştür. Daha sonra durum hasta ile paylaşılarak gebelik sonlandırılmıştır.

Anahtar Sözcükler: ***Sakrokoksigeal Teratom, Prenatal Tanı, Gebelik Sonlandırma***

Fetal tumors are rare and approximately in half of the cases they present as sacrococcygeal teratomas (SCT). Incidence of SCT is 1/35000-1/40000. It's more common among females (1,2). Sacrococcygeal teratomas are the most common tumors among newborns as well. Sacrococcygeal teratomas originates from 3 germinal layers. It arises from the pluripotent cell lines in Hensen's node, located on the anterior surface of the sacrum or the coccyx (3,4). Altman classification divides sacrococcygeal teratomas in 4 groups according to its location and components. Although the classification of Altman is descriptive, it has no prognostic value. Recently necessity for a new prognostic classification has been emphasized (5). Benachi A and his friends (6) suggested that it's possible to classify fetal SCT into 3 groups regarding to size, evolution rate and vascularity. Placentomegaly, polyhydramnios, accompanying fetal hydrops in addition to vascularity of the tumor itself are the main predictors of the perinatal outcome (7). This report describes our experience about a case of SCT

CASE

A 42 year old patient, gravida 4 parity 2, with a gestation of 22 weeks and 3 days was referred to our clinic for ultrasound from an obstetrics and gynecology specialist due to a mass noticed during routine fetal examination. Anomaly was not detected previously during patient's sonography performed either at first trimester or second trimester. A 2D ultrasound was performed with the transducer of Voluson E6 (GE Healthcare Austria GmbH, Zipf, Austria). Sonography revealed a sacrococcygeal teratoma extending inferiorly from the sacrum composed of cystic and soft tissue components measuring 80x78x72 mm (cranio caudalxtransversexantero posterior) with accompanying demised lung maturation and increased cardiothoracic ratio (Figure 1). Due to tumor's large size and accompanying sequales of lungs and heart, poor prognosis was estimated. Sonographic description of the relationship between the mass and fetus provided a better understanding of this anomaly for the parents. After

Received: June 12,2015 • Accepted: March 03,2016

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