

# Fetal Sacrococcygeal Teratoma: A Rare Congenital Anomaly

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## ABSTRACT

Sacrococcygeal teratoma is a rare extragonadal germ cell tumor that occurs at the fetal sacral region and could be identified by prenatal imaging. As size increases there is a high chance of high output cardiac failure in-utero.

**Keywords:** Germ cell tumor, Imaging, Sacrococcygeal tumor

## INTRODUCTION

Sacrococcygeal teratomas (SCTs) are extragonadal germ cell tumors (EGCTs), located outside the gonad as the name implies, primarily seated in fetal sacral region but bearing histology of germ cell tumors (GCT). The incidence ranges from 1 / 20000 - 1/35,000 live births, having particularly more predilection in female fetus. Embryologically derived from the pluripotent cells in Hensen's node of the primitive streak, they contain all the three layers with solid and cystic components. It can be accurately diagnosed prenatally by ultrasound or MRI.<sup>1,3</sup> Early diagnosis helps to employ strategies whether to plan in utero fetal surgery or otherwise wait until birth for surgery or non-surgical option to achieve better prognosis and outcome.<sup>4,5</sup>

## CASE

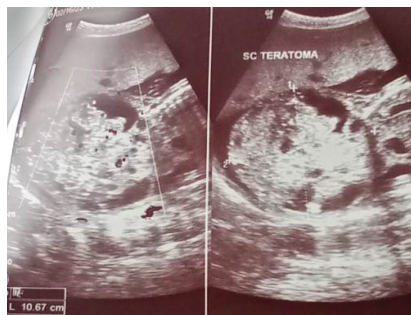


Figure 1. A solid cystic mass in the sacral region of the fetus



Figure 2. Solid sacrococcygeal mass with immediate NND

A 21-years old primigravida was referred-in due to fetal anomaly at 26 weeks of gestation. There was a mass in sacrococcygeal region predominantly solid with moderate internal vascularity within the solid part on color Doppler study; and then labeled as a fetal Sacrococcygeal teratoma. [Figure-1] It was associated with polyhydramnios and cardiomegaly with minimal pericardial effusion. There was no family history suggestive of congenital and chromosomal anomalies.

She didn't take folate and was not diabetic. She underwent spontaneous preterm labour and gave birth to a male baby weighing 1.1 kg with a mass arising from the sacrococcygeal region and overlying skin defect, and immediate neonatal

death. [Figure-2]

## COMMENTS

This antenatally diagnosed fetus with Sacrococcygeal teratoma (SCT) with significant skin defect overlying large sacral mass born preterm perhaps to polyhydramnios eventually succumbed to perinatal death. This is explained by metabolic demands and vascular steal of the growing tumor that causes high-output cardiac failure leading to the development of polyhydramnios. Otherwise, cardiomegaly and fetal hydrops also attributes to intrauterine demise and preterm labor, associated penury contributing to nearly 100% mortality.

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The differential diagnoses will be meningocele, myelomeningocele, lymphangioma, hemangioma, lipoma, perineal cyst, bladder neck obstruction, imperforate anus, rectal abscess and rectal prolapse.

## CONCLUSION

Gross morphological birth defects can be identified by ultrasound examination. The level of detection depends on gestational age, type of anomaly, equipment resolution and expertise. Obstetrician's concern will be the fetal compatibility in extrauterine life for the immediate management, counselling and future plan.

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