

A case of sacrococcygeal teratoma purely cystic type 4: diagnostic challenges and perinatal care

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Objective

To report a rare case of cystic sacrococcygeal teratoma exclusively extra pelvic and highlight the difficulty of differential diagnosis using ultrasound with myelomeningocele and the impact on perinatal care.

Methods

Prenatal diagnosis of fetal tumors is not always easy. Tumors may depend on almost any organ of the fetus. The sacrococcygeal teratomas (SCT), the most common tumors account for more than half of all fetal tumors. Advances in ultrasound have allowed early and accurate diagnosis of sacrococcygeal teratomas when they present as cystic, solid or mixed masses that form from the sacral region and protrudes toward the perineum or buttocks. However, cystic sacrococcygeal teratomas may be erroneously diagnosed as sacral myelomeningocele, especially when they are as posterior masses and exclusively extra pelvic. We report a case of SCT diagnosed prenatally by ultrasound and dwell on the diagnostic difficulties and perinatal care.

Results

A 23 year old woman, with no history of other pathologies, G2P2 (18 months old healthy child, delivered by C/S). The current pregnancy was not well followed (only one consultation at the second month of gestation). She consulted late at 28 gestational weeks. An ultrasound examination was performed at term showing evolutionary singleton pregnancy, in cephalic presentation. Morphological study showed a sacral cyst tumor of 48X35mm. The rest of the examination showed no abnormalities, including brain, kidney or members. The spine appears normal. The diagnosis was sacrococcygeal teratoma. However, a sacral myelomeningocele could not be formally eliminated. Fetal MRI was performed and showed a median and left para median coccygeal tumor with predominantly exophytic growth in the buttocks, pretty much limited, measuring 52x36x42mm. It appears to predominantly cystic component, arranging multiple stalls. It does not seem to exist intraductal extension with a spinal cord of normal morphology. Given these ultrasound and MRI features, the most likely diagnosis was a cystic sacrococcygeal teratoma of extra pelvic development. Pregnancy was continued without complication. At 39 weeks she gave birth by Caesarean section. MRI was performed in postnatal concurring with the initial data: it concluded that one aspect in favor of a pure cystic Sacrococcygeal teratoma mainly extra pelvic. The baby was taken care in the Department of Pediatric Surgery in Habib Thameur Hospital of Tunis. He was operated on day 65 of life and had a resection of the tumor carrying the coccyPathological examination concluded a mature teratoma without histological evidence of malignancy.

Conclusion

Although MRI provides excellent visualization of sacral tumors and study, the three-dimensional ultrasound may also be considered as valuable resource for prenatal diagnosis, which remained much more accessible than MRI for the obstetrician and applicable in routine way in prenatal diagnosis. This requires the implementation of learning programs to improve early detection of these defects.

