Case Report
We describe an 18 weeks fetus with a large anterior inhomogeneous thoracic mass, displacing the heart downwards. The mass showed scarce color signal on color Doppler mapping and a blood vessel was detected emerging from the aorta to feed the mass. No signs of fetal hydrops were detected. A thymic origin of the mass was suspected and a follow-up scan was arranged in two weeks. Unfortunately, in the follow-up scan there was no heart activity and the fetus was hydropic. Postmortem revealed a 5cm mass, thymic in origin with histology being consistent with a mature teratoma.

Mediastinal teratomas are the most common extra-gonadal germ cell tumors. They account for approximately 25% of anterior mediastinal masses in children. The prenatal differential diagnoses of a mediastinal mass in a fetus include intrapericardial teratoma, rhabdomyosarcoma, cystic adenomatoid malformation and pulmonary sequestration. There are very few cases reporting prenatal diagnosis of a thymic teratoma.

Conclusion
Survival is rare in these cases due to most being complicated by pericardial effusion and hydrops. There are only six prenatally diagnosed cases reported surviving the neonatal period. Prognosis after a successful postnatal resection is good as this is usually a benign tumor.