EP 17.25 Giant sacrococcygeal teratoma: early ultrasound detection and bad pronostic ecographic signs
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Case Report

• 37-year-old woman, gravida 1 para 0
• 1st trimester ultrasound: normal
• 2nd trimester ultrasound (18 weeks of gestation):
  - Sacrococcygeal solid mass with small cystic areas of 42x43x40 mm
  - Doppler color: high vascularization
  - Evolution:
    - Increase in size: 103x77x80 mm at 21 weeks of gestation
    - Increased periferal vascularization
    - Cystic degeneration
• MRI (20 weeks of gestation): Sacrococcygeal teratoma type 2
• Fetal intrauterine surgery desestimated by the parents
• 21 weeks of gestation:
  - Fetal tricuspid and mitral insufficiency
  - Enlargement of inferior cava vein
  - Pleural and pericardic effusion, ascites
  - Mild polyhydramnios
• Spontaneous late abortion occured
• Necropsy confirmed the diagnosis

Discussion

➢ It’s the most frecuent congenital tumor
➢ Benign but high perinatal mortality (preterm delivery, cardiac failure or hemorrhage of the tumor)
➢ High risk teratomas: rapid growth and highly vascularized
➢ Fetal surgery: bad results with high demise rate

Figure 1. Fetal giant sacrococcygeal teratoma (18-21 weeks of gestation) with bad prognostic ecographic signs (rapid growth and highly vascularized)