Introduction
Fetal intracranial tumors are rare, <2% of pediatric tumors, with teratomas accounting for >50% of cases. Outcomes are often poor due to the rapid tumor growth, destruction of adjacent brain structures and secondary hydrocephalus. Those recognized in the third trimester typically result in a cesarean birth due to macrocephaly, despite a poor prognosis with a mortality rate of >40%.

Case
A nulliparous woman presented at 33 weeks gestation with decreased fetal movements. Ultrasound showed a vascular, complex mass (87 x 82 x 91 mm) in the left middle cranial fossa. There was macrocephaly (BPD 150 mm) and severe ventriculomegaly with destruction of virtually all recognizable cerebral tissue apart from the falx. The extracranial fetal biometry was appropriate for gestation and no other anomalies were noted. The fetus was presenting by the breech with normal amniotic fluid volume. Fetal MRI confirmed the ultrasound findings & reported no hemorrhage or fat with the lesion. A diagnosis of a congenital intracerebral teratoma was made.

Conclusion
The use of prenatal ultrasound and adjunctive MRI guided the obstetric management to achieve a vaginal birth rather than a more complicated cesarean delivery in a large fetal intracranial teratoma.