Original Research Paper Gynaecology

SACROCOCCYGEAL TERATOMA- A CASE REPORT.

Dr.Priyanka Tiwari	Department of Obstetrics and Gynaecology,MGM Medical College,Navi Mumbai, Maharashtra, India. - Corresponding Author
Dr.Sabrina Mahapankar	Department of Obstetrics and Gynaecology,MGM Medical College,Navi Mumbai, Maharashtra, India.
Dr.Sachin Kolhe	Department of Obstetrics and Gynaecology,MGM Medical College,Navi Mumbai, Maharashtra, India.
Dr.Sushil Kumar	Department of Obstetrics and Gynaecology,MGM Medical College,Navi Mumbai, Maharashtra, India.

ABSTRACT Sacrococcygeal teratoma (SCT) is the most common tumor presenting at birth. It is more common in females. Here we present a case of antenatally diagnosed case of sacrocoocygeal teratoma.
This case presented has more or less whole features of typical sacrrococcygeal teratoma.

KEYWORDS : Sacrococcygeal teratoma, antenatal diagnosis.

INTRODUCTION

Sacrococcygeal teratoma is a type of tumor that develops at the base of coccyx and are derived from the primitive streak and includes embryonic ectodermal, endodermal and mesodermal tissues.

SCT's are the most common type of tumor presenting at birth and is more common in females with the incidence of 1 in 40000 live births.

47% of tumors are external, 34% are external with pre-sacral component and 19% are predominantly or completely presacral.

Fetuses / neonates with SCT have high incidence of morbidity and mortality and may result from preterm labor, polyhydraminos, placentomegaly and hydrops.

CASE REPORT

21 year old woman, primigravida with 38 weeks gestation presented to casualty with complaints of pain in abdomen with USG features suggestive of sacrococcygeal teratoma of 10 X 10.5cm in size.

On examination patient was vitally stable in active labor with breech presentation.

On per vaginal examination, cervix was 3cm dilated, 50% effaced and round globular ballotable structure was felt on examination.

The decision for elective LSCS was taken and patient was counseled about the prognosis of the baby.

Female baby of 3.7kg was delivered by LSCS in breech presentation. Baby cried immediately after birth. The APGAR score at birth was 8/10. Baby was shifted to NICU for observation.

DISCUSSION

SCT are the most common type of germ cell tumor in neonates with incidence of 1 in 40,000 live births and more common in females with male: female ratio of 1:3.

It is noted to arise from Hensen node through some totipotent cells, located at the anterior sacrococcygeal area during second to third week of gestation.

SCT are morphologically classified into:

- TYPE1: external tumor with minimal pre-sacral involvement.
- Type2:external tumor with intra pelvic extension.
- Type3: external tumor with pelvic mass extending into abdomen.
- Type4: presacral mass with no external component.

SCT's can be diagnosed prenatally by ultrasound and alpha fetoprotein level. Although alpha protein is not known to be very reliable as it is not specific for this condition. In the above case, condition was diagnosed antenatally by ultrasound.

Post-natally diagnosis is based on physical examination and imaging studies which evaluate the SCT and other associated malformations.

Even though occurrence of a majority of malformation can be traced to a defect in embryogenesis at a specific period of development, detection by ultrasound may not be possible at that period. The optimal time to perform screening scan is at 16-24 weeks of gestation.

Treatment options vary from termination of pregnancy, intrauterine surgery, early neonatal surgery and complete surgical excision which remains the mainstay.

Mode of treatment depends upon the gestation of diagnosis and the type of tumor.

CONCLUSION

Anomaly scan is integral part of antenatal checkup between 18-20 weeks, such anamoly if detected early pregnancy can be terminated as per MTP act.

Delivery of such patients should be carried out at tertiary care centre.

Mode of delivery can be planned out as per the size of the tumor.

Paediatric, paediatric surgeon and paediatric orthopaedician should be jointly involved in management for better baby outcome.

Figure 1