Cystic Sacrococcygeal Teratoma
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History
Newborn with prenatal history of hydronephrosis.

Diagnosis
Cystic Sacrococcygeal Teratoma-Type IV

Discussion
The vast majority of teratomas occur in the sacrococcygeal region. The mortality rate for infants with preneonatally diagnosed sacrococcygeal teratomas is worse than those diagnosed at birth. Prenatal hydrops (from arteriovenous shunting and high-output cardiac failure) in patients with sacrococcygeal teratoma indicates a high likelihood of a poor outcome. Complications related to sacrococcygeal teratoma include premature delivery, dystocia, intratumoral hemorrhage, or tumor avulsion with fetal exsanguination. Prognosis seems to be related not to the size of the mass but rather to its content and extent. Solid hypervascularized masses carry a poorer prognosis than purely cystic masses. Sacrococcygeal teratomas are classified according to the amount of mass present externally versus internally (type I-totally external, type II- predominantly external with extension into the presacral space, type III-internal component extends into the abdominal cavity, and type IV-totally internal). The risk of malignant transformation increases with time; external masses lend themselves to prompt diagnosis and consequently carry a smaller risk of malignant transformation.

Findings
US-Multilocular cystic mass containing low level echoes, posterior to catheterized urinary bladder. MR-Dominant presacral cystic mass with smaller peripheral daughter cysts.

Reference
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