PRENATALLY DIAGNOSED SACROCOCCYGEAL TERATOMA – SYSTEMATIC REVIEW

Prognostic accuracy of risk factors for poor outcome

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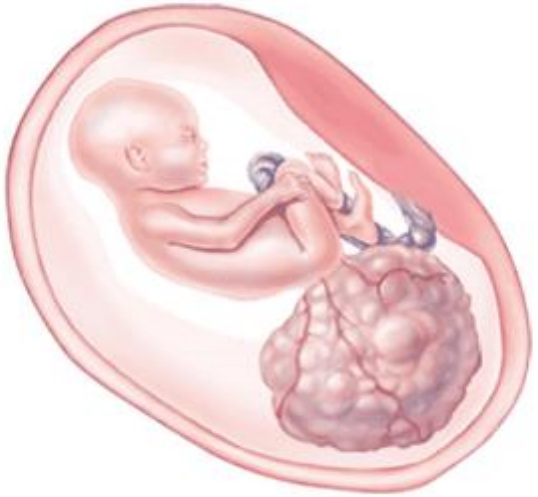
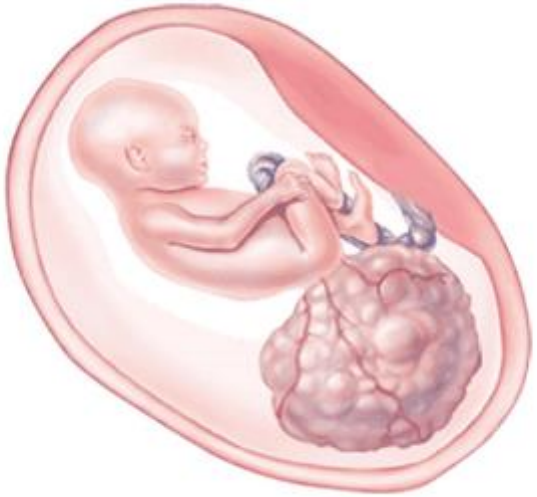
Introduction

- Germ cell tumour
- 1: 35.000 – 40.000 newborns
- 50-82% prenatally diagnosed

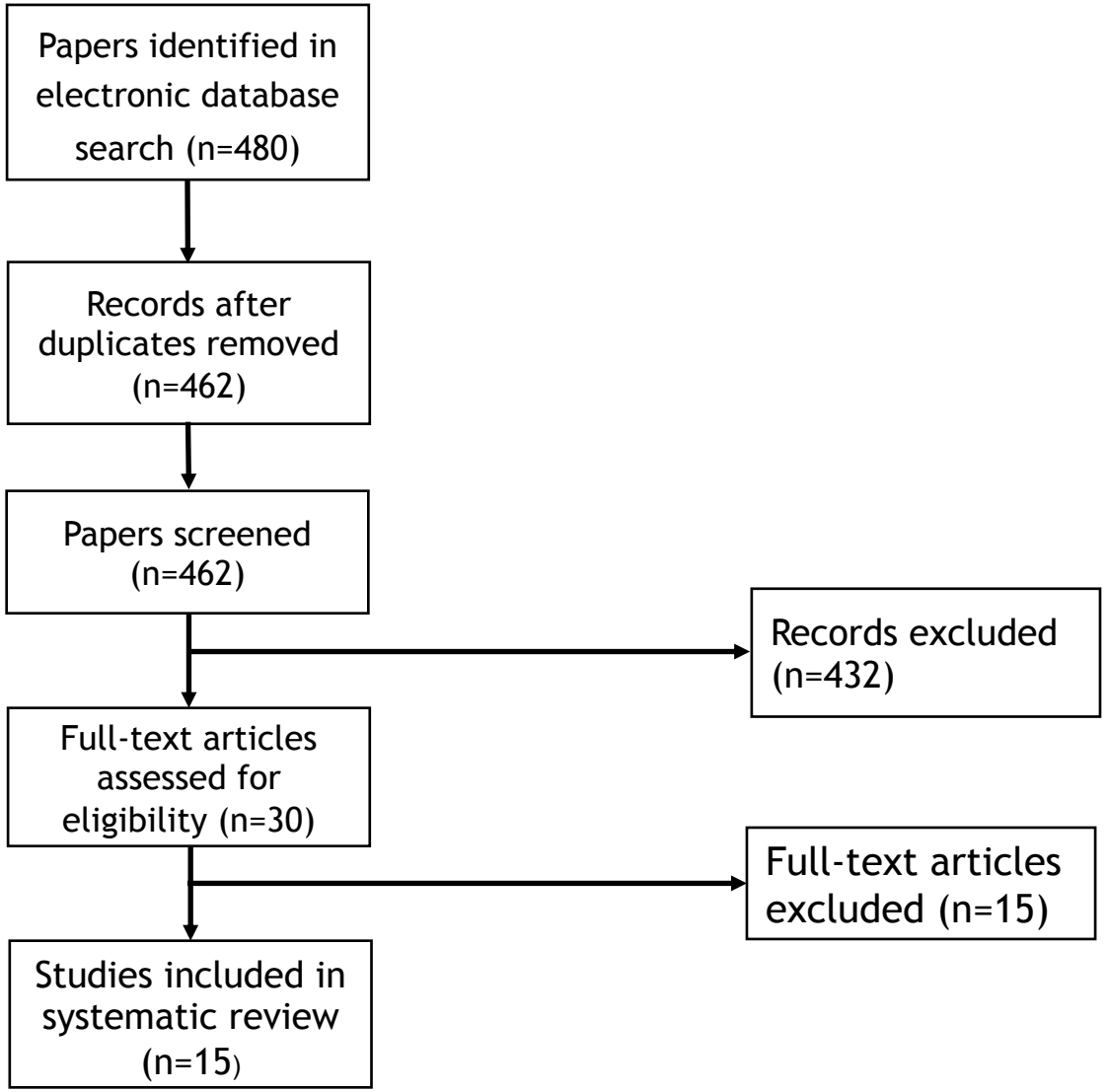


Aim

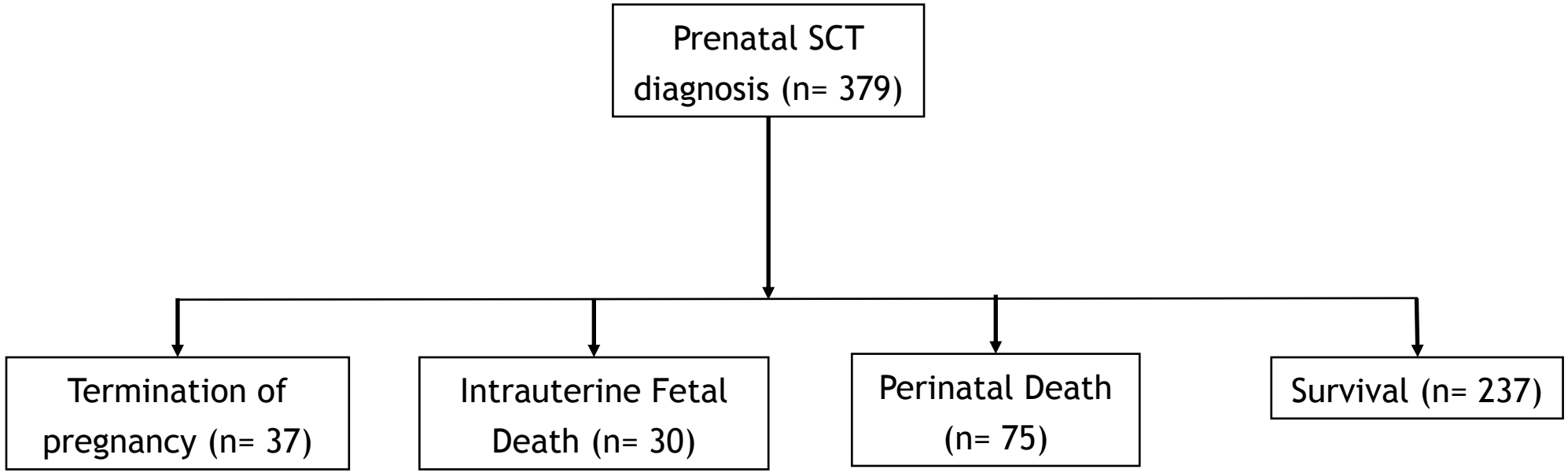
To asses the **prognostic accuracy** of **risk factors for poor outcome** in prenatally diagnosed Sacrococcygeal Teratoma



Methods

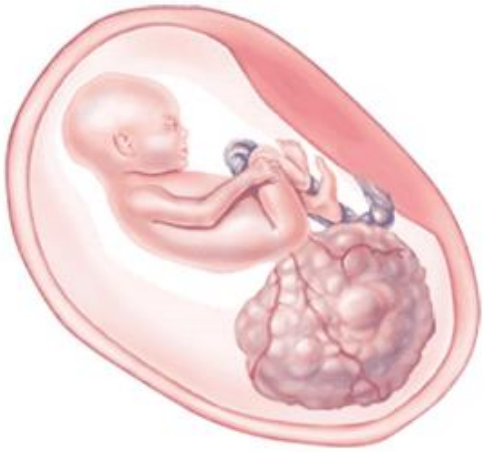

Papers identified in electronic database search (n=480)
Records after duplicates removed (n=462)
Papers screened (n=462)
Records excluded (n=432)
Full-text articles assessed for eligibility (n=30)
Full-text articles excluded (n=15)
Studies included in systematic review (n=15)

Results - Patients



Mortality

- Mortality Termination of pregnancy 37.5% (n = 142/379)
- Mortality due to SCT 27.7% (n = 105/379)



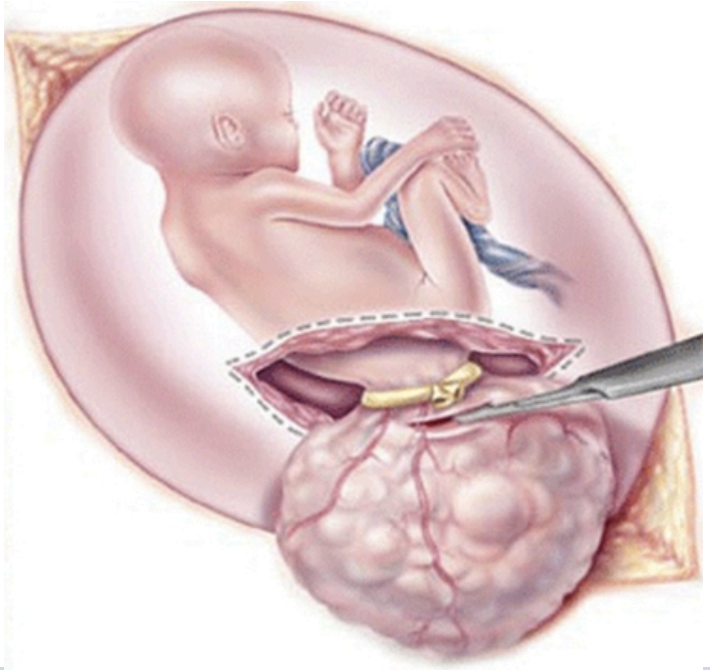
Risk factors for poor outcome

Risk Factor	Odds Ratio (95% CI)
Tumor Hypervascularity	33.8 (6.0-189.5)
Solid Morphology	33.3 (13.5-77.0)
Placentomegaly	4.3 (1.7-10.8)
Fetal Hydrops	9.5 (5.5-16.5)
Polyhydramnios	2.4 (1.2-4)

Fetal Interventions

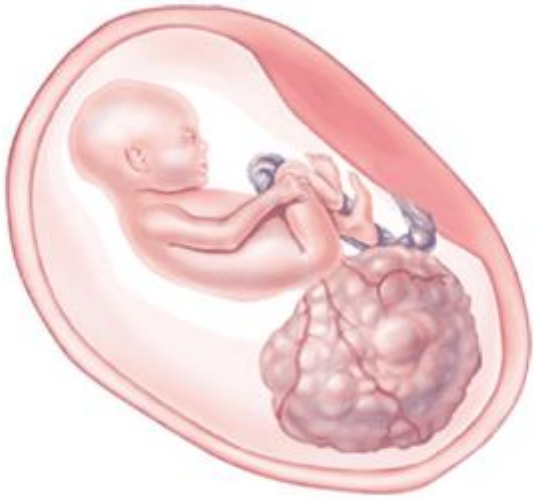
- Fetal interventions (n=49)

Intervention	N=	Mortality
Open Fetal Surgery	11	45%
Radiofrequent Ablation	6	33%
Embolisation	1	100%
Other	31	29%



Conclusion

Solid Morphology and **Tumor Hypervascularity** are the most important prognostic risk factors for poor outcome in prenatally diagnosed SCT



Thank you for your attention!

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