PRENATALLY DIAGNOSED SACROCOCCYGEAL TERATOMA

Risk factors for poor outcome

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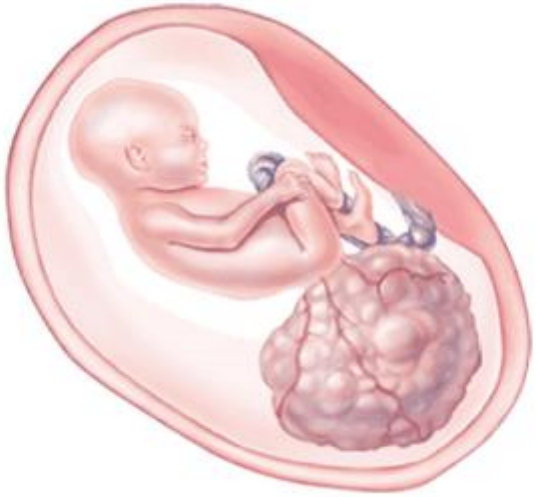
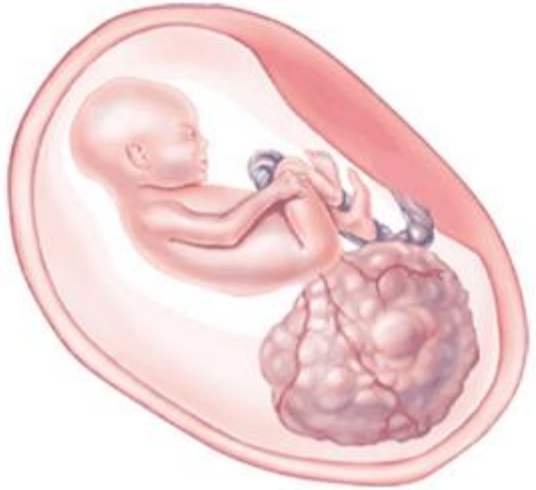
Introduction

- 1: 30.000 newborns
- 50-82% prenatally diagnosed



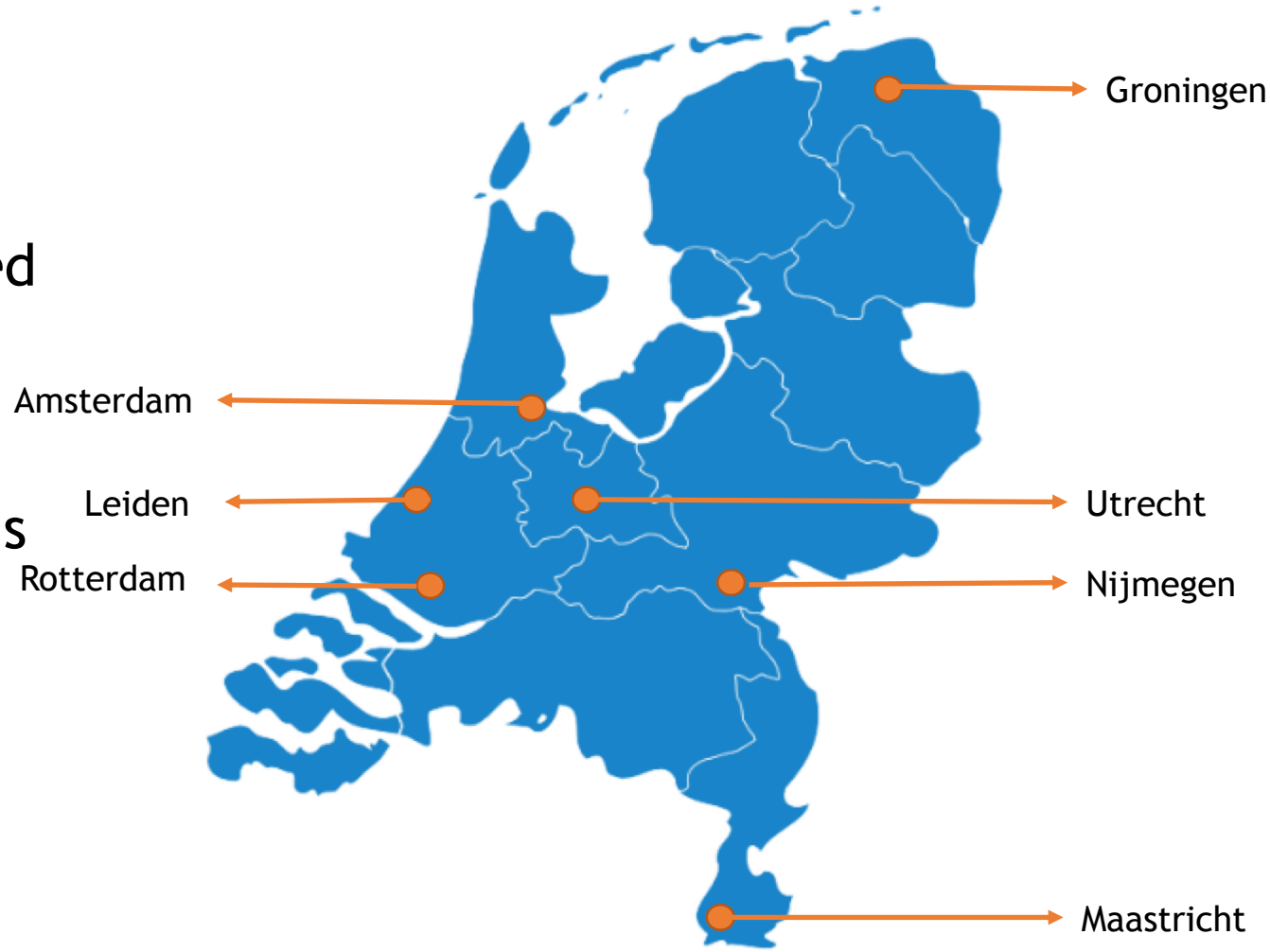
Aim

To determine **incidence** and **risk factors for poor outcome** in prenatally diagnosed Sacrococcygeal Teratoma



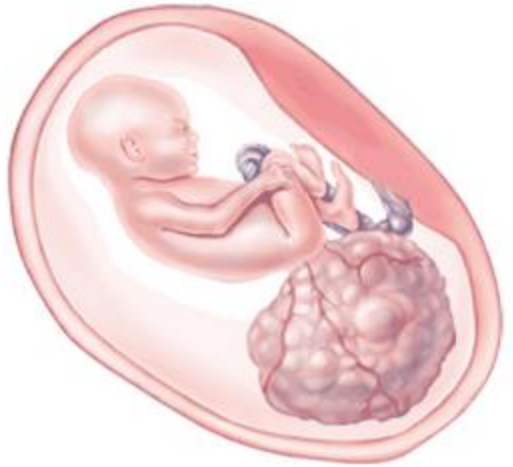
Patients and Methods

- All patients with prenatally diagnosed SCT between 1998-2018
- Nationwide study
- Retrospective review medical records

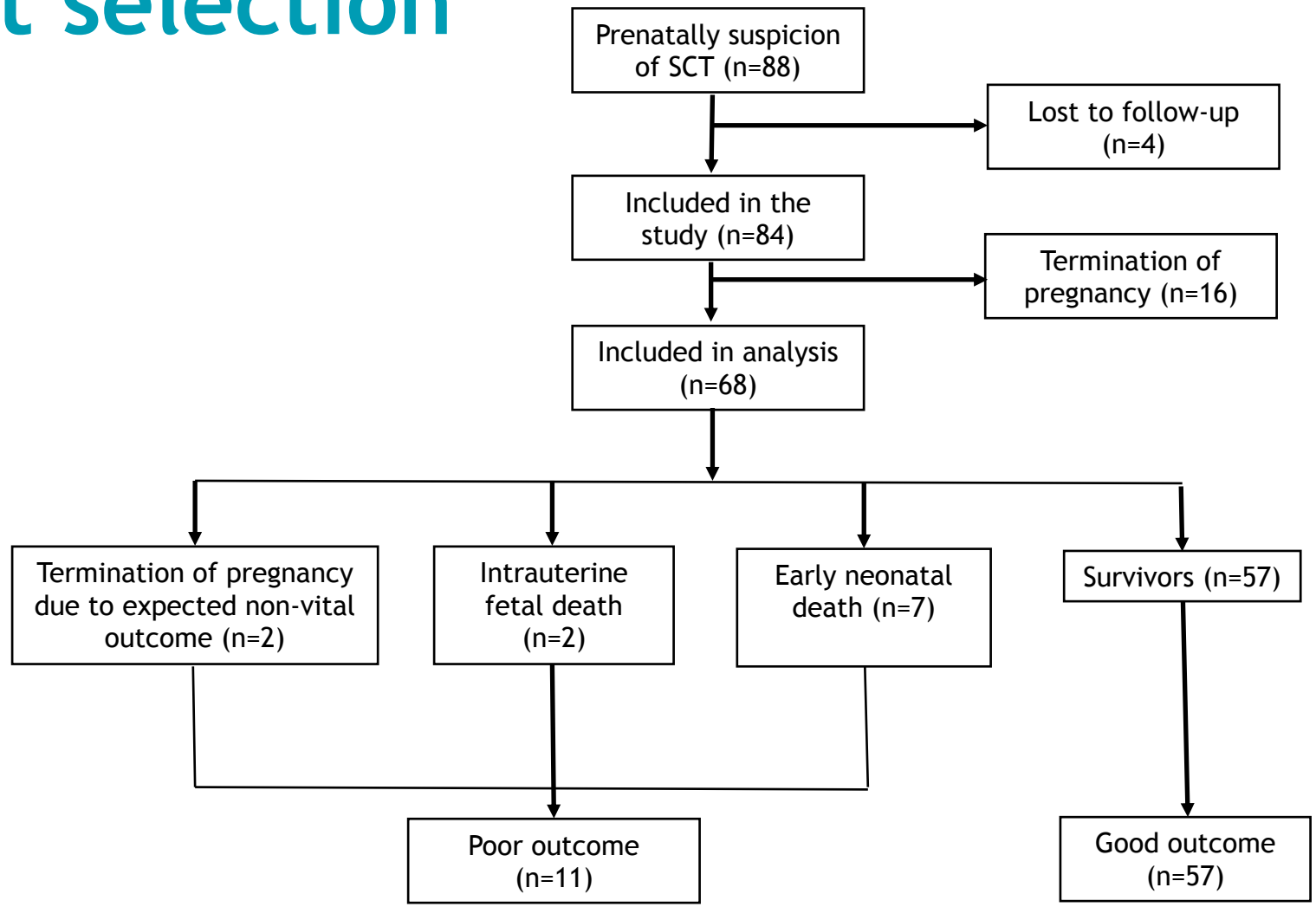


Prenatal incidence

- 1998-2008 1 : 70.000 fetuses
- 2009-2018 1 : 35.000 fetuses



Patient selection



No Sacrococcygeal Teratoma

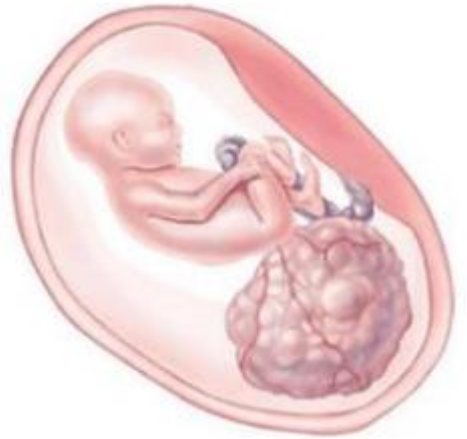
Misdiagnosis (n=2/84)

- Lymphangioma
- Infantile Myofibroma

Potential risk factors for poor outcome

Univariate and multivariate logistic regression analysis

- Altman classification
- Morphology: solid or cystic
- Gestational age at diagnosis
- Tumor growth from 25-27 gestational age
- Cardiomegaly
- Fetal hydrops
- Polyhydramnios
- Highly vascularized tumor



Risk factors for poor outcome

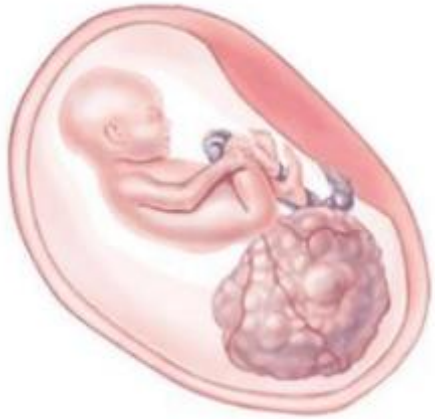
	Univariate	Multivariate
	Odds ratio (95% CI)	Odds ratio (95% CI)
Cardiomegaly	10.3 (1.9-55.8)	7.0 (1.1-45.5)
Fetal hydrops	21.0 (1.9 -227.2)	13.15 (1.0-166.7)

Conclusion

Incidence of prenatally diagnosed SCT

- 1998-2008 1 : 70.000 fetuses
- 2009-2018 1 : 35.000 fetuses

Cardiomegaly and **fetal hydrops** are risk factors for poor outcome in prenatally diagnosed SCT



Thank you for your attention!

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