Cervical Teratoma (CT)

What is cervical teratoma (CT)?

CT is a rare tumor of the neck made up of a variety of tissues (nerves, cartilage, skin and thyroid, among others) that come from more than one embryonic layer.

Above is an illustration of CT.

What causes cervical teratoma (CT)?

The cause of CT is unknown. An old theory holds that it is caused by an inability of cells to develop into a complete body, or an abnormal development of a conjoined twin. More likely, CT arises from stem cells within the thyroid gland that grow abnormally into a tumor.

What is the incidence of cervical teratoma (CT)?

Over 150 cases of congenital CT have been reported.

- There is no apparent relationship to the mother's age
- There are no greater odds of it occurring in males or females
- There is no racial or ethnic preference

How is cervical teratoma (CT) diagnosed?

An ultrasound is usually the best way to make a diagnosis. CTs are asymmetric, well-defined masses usually off to one side of the baby's neck. As many as 50 percent of CTs have calcifications. The CT is typically large and bulky, measuring five to 12 cm. in diameter. These tumors may grow larger than the fetal head. Polyhydramnios (too much amniotic fluid) can complicate 20 to 40 percent of prenatally diagnosed cases. Other fetal abnormalities have been reported in association with CT.

How is pregnancy managed when cervical teratoma (CT) is diagnosed?

Frequent ultrasound exams are recommended to monitor amniotic fluid volume, tumor size, growth and the general health of the fetus. Premature labor and delivery in cases of CT are common. The increase in the size of the uterus due to polyhydramnios can precipitate preterm labor and/or delivery. This may necessitate an emergency EXIT (ex utero intrapartum treatment) procedure to secure the newborn's airway at delivery. Airway obstruction can be life threatening and accounts for up to 45 percent of the mortality associated with CT.

What are the fetal interventions for cervical teratoma (CT)?

Because CT may block the fetal airway, an EXIT procedure may be used to deliver the baby and be sure that the airway is open at birth. In rare cases in which hydrops (in utero heart failure) develops earlier in gestation (at < 30 weeks), open fetal surgery to remove the CT may be necessary to save the baby.

Contact the Fetal Care Center of Cincinnati

For more information, please call 1-888-FETAL59 or email us at info@fetalcarecenter.org.

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