

## Clinical Image

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## Ruptured giant sacrococcygeal teratoma

Omar Abdulqader Ajaj \*

Associate Professor of Pediatric Surgery, University of Anbar, College of Medicine, Anbar, Iraq.

**Correspondence\***: Omar Abdulqader Ajaj, Associate Professor of Pediatric Surgery, University of Anbar, College of Medicine, Anbar, Iraq. **E-mail**: abd.o85@yahoo.com

A 4-hour-old female neonate, delivered by normal vaginal delivery, presented with a bleeding giant sacrococcygeal teratoma that had ruptured during vaginal delivery. The mass was huge and cystic exceeding 40cm in its largest diameter. A massive blood discharge was observed on inspection, suggesting a rupture of the Sacrococcygeal teratoma (Fig. 1).



Figure 1: Showing a huge ruptured sacrococcygeal teratoma with massive hemorrhage

Sacrococcygeal teratoma (SCT) is derived from the coccyx base with an incidence of 1 in 35000-40000

births. [1] The tumor is more common in female neonates. The teratomas are embryonic in origin and believed to arise from pluripotent embryonic cells. The sacrococcygeal area is the most common location of teratoma. [2] The complications of SCT may be associated with preterm delivery and dystocia secondary to polyhydramnios, rupture during normal vaginal delivery, high output cardiac failure / fetal anemia resulting in fetal hydrops, as well as bleeding tumor, obstruction of the umbilical flow, malignant transformation, and death. [3] The antenatal diagnosis of the tumor with routine ultrasonography is essential to planning an adequate mode of delivery and interventional treatment when needed and to identifying fetuses that are at a higher risk of complications. [4].

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