
Foetal intrapericardial teratoma

Maria José Molina-Mora1*, Beatriz Picazo-Antolín2, Victorio Cuenca-Peiró2, Juan Miguel Gil-Jaurena3, and Juan Ignacio Zabala-Argüelles2

1Cardiology Department, Virgen de la Victoria University Hospital, Campus Universitario de Teatinos s/n. 29010, Málaga, Spain; 2Pediatric Cardiology Department, Carlos Haya University Hospital, Málaga, Spain; and 3Pediatric Cardiac Surgery Department, Carlos Haya University Hospital, Málaga, Spain
* Corresponding author. Tel: +34 951 032 441; fax: +34 951 032 441. Email: mj.molina.mora@gmail.com

Clinical message

A healthy 34-year-old woman at 35+0 weeks’ gestation was referred to the Pediatric Cardiology Unit with the diagnosis of a foetal cardiac mass.

A foetal echocardiogram was performed, revealing a 3.5 × 2.7 cm intrapericardial multiloculated cystic mass, with no flow within and mild pericardial effusion associated (Panel A, Supplementary data online, Movie 1). The mass was related to the intrapericardial portion of the aorta and right atrium, without causing compression. No further anomalies were detected. An intrapericardial teratoma was suspected.

Echocardiographic follow-up showed progressive growth of the mass up to 4 × 3.5 cm, with mild pericardial effusion and no haemodynamic repercussion (Supplementary data online, Movie 2).

An elective Caesarean section was performed at 38 weeks of gestation. A male newborn with normal weight and Apgar score was delivered. The transthoracic echocardiogram confirmed the diagnosis of an intrapericardial mass, which seemed to be attached to the right atrium free wall, and extended to the aorta (Panel B, Supplementary data online, Movies 3 and 4). The pericardial effusion remained mild, and no compromise signs were present. Serum alpha-fetoprotein reached 96 756 ng/mL.

Elective off-pump surgery was performed in the third day of life. An intrapericardial mass of 3.5 × 2.7 cm was excised. The pericardial effusion remained mild, and no compromise signs were present. Serum alpha-fetoprotein reached 96 756 ng/mL.

The pathology revealed an encapsulated cystic mature teratoma.

The postoperative course was uneventful. One month later, the patient remains asymptomatic and recurrence-free.

Supplementary data

Supplementary data are available at European Journal of Echocardiography online.

Panel A Foetal short-axis view. Two-dimensional echocardiography demonstrating a multiloculated mass.
Panel B Echocardiographic two-dimensional apical four-chamber view of the newborn. The mass is closely related the right atrium, and associated pericardial effusion is present.

Published on behalf of the European Society of Cardiology. All rights reserved. © The Author 2011. For permissions please email: journals.permissions@oup.com.