The Fetal Center
Fetal Teratoma Prenatal Care Algorithm

Diagnosis of fetal teratoma on outside ultrasound

- Referral to The Fetal Center
  - Initial consult at The Fetal Center
  - Comprehensive US
    - 3D volume
    - Color mapping w/ VI
    - Dopplers
  - Fetal MRI
  - Fetal echocardiogram
    - combined cardiac output/EFW
  - Pediatric surgery consultation

- Hydrops
  - Gestational age > 28 weeks
    - Yes
      - Consider minimally invasive therapy
      - Evaluate patient for mirror syndrome
    - No
      - Consider delivery by Cesection after steroids and MgSO4
  - Evidence of cardiac compromise
    - Consider open fetal surgery @ 20 - 28 weeks EGA

- No hydrops
  - Predominantly solid
    - Repeat US and echocardiogram weekly
    - Poor prognosis indicators:
      - > 150 cc/week growth
      - Vol (cc)/EFW (gr) ratio of > 12%
    - Consider amnio for karotype
    - Start biophysical profiles @ 28 weeks

- Predominantly cystic
  - Repeat US every 2 weeks
    - Cervical teratoma: consider EXIT @ 36 weeks EGA for possible obstructed airway

- Transfer of OB care by 28 weeks
  - Neonatology consult and NICU
  - SCT: Consider Csection @ 36 weeks EGA

- Represent patient at multi-D conference by 30 weeks for final plan of care

This flow chart was developed as a flexible educational tool to promote consistency in the general care of patients. It is not intended to substitute for or be used as professional medical advice for any individual and is not intended to set out a standard of care for any specific disease or condition. The treatment of patients requires the exercise of professional medical judgment in order to meet individual requirements. If you have questions regarding your or anyone else's health, medical care, or the diagnosis or treatment of a specific disease or condition, please consult with your personal healthcare provider.

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