

Case series report: Fetal oropharyngeal tumor pathology prenatal management and results.

Authors: Martínez C, Garcia AD, Gutierrez S, Arbio S, Astudillo A, Andrés S, Di Meola E, Nemer P, Gil Pugliese S, Cannizzaro C.

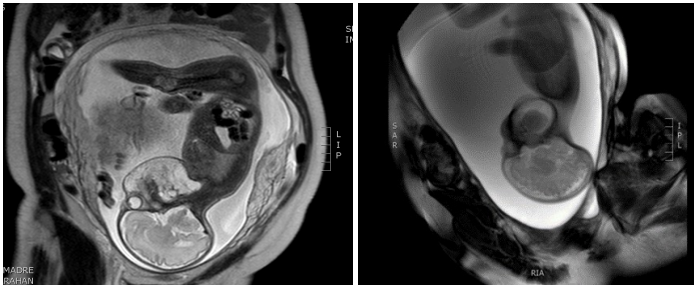
Pediatric Hospital "Prof. Dr. Juan P. Garrahan". Buenos Aires, Argentina

Objective

To describe the management the maternal and perinatal outcome of pregnancies complicated with oropharyngeal tumor prenatal diagnosis.

Methods

A retrospective descriptive observational study of pregnancies complicated with fetal oropharyngeal tumors that were referred to the "Fetal Diagnosis and Treatment Program" of Dr. J.P Garrahan Pediatric Hospital, was conducted between January 2011 and December 2022 . Continuous variables were reported as mean or median (range) and categorical variables in percentage (n/n total).



Results

A total of 20 cases of oropharyngeal tumors were referred to our program in the aforementioned period of time. Of these, 16 have complete pre-and postnatal follow-up. One case died in utero at 36 weeks.

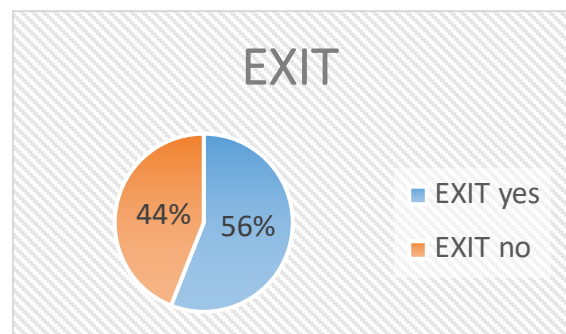
The median GA at diagnosis and at consultation in our program were 25 (19-35) weeks and 31 (23 - 38) weeks, respectively. 44% (7/16) cases presented polyhydramnios.

50% of the cases (8/16) were prenatally diagnosed as vascular tumors, and 50% (8/16) were prenatally diagnosed as teratomas. From all those cases 33% (5) developed cardiovascular disease, 44% (7) weren't cardiovascular affected, and there was 33% (5) of patients without correct cardiac function evaluation.

60% (9/15) underwent EXIT procedure due to prenatal suspicion of airway obstruction by ultrasound and/or magnetic resonance imaging.

Of the cases submitted to EXIT, the airway was initially secured by laryngoscopy in 100% (9/9). In no case was a tracheostomy required during the EXIT procedure.

Variable	Result
GA at diagnosis	25 (19-35)
GA at consultation	31 (23-38)
Polyhydramnios	44% (7/16)
Developed cardiovascular disease	33% (5/16)



Postnatally final diagnosis: 82% (13) of the cases were vascular tumors and 18% (3) were teratomas. 53%(8) were born at term, and 47% (7) were preterm deliveries. 93% (14) of the babies were appropriate for gestational age (AGA) weight and 8% (1) was small for gestational age (SGA). 93% (14/15) were discharged.

In the cases submitted to exit there were no maternal deaths. A case of surgical infection that required admission to the ICU was registered.

Conclusion

In the presence of an oropharyngeal tumor, suspicion of airway obstruction arose in more than half of the cases in our series, and in all cases the EXIT procedure ensured the airway without major complications for the mother.