
LETTER TO EDITOR (VIEWERS CHOICE)

FETUS IN FETU

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A 3 months old boy presented to pediatric outpatient department with an abdominal mass since birth. Infant appeared healthy with normal growth and developmental pattern. On local examination a mass on right side of abdomen was palpable that was large, round, firm, non- tender and fixed. Straight x-ray abdomen showed bone densities consistent with a

Figure 1: Straight x-ray abdomen showed bone densities consistent with a well organized fetal spine and other fetal bony parts in right abdomen.



well organized fetal spine and other fetal bony parts in right abdomen (Figure 1). Ultrasound (USG) abdomen showed a cystic space occupying lesion in right lumbar region and right iliac fossa. Two well formed structures resembling fetal head and parts of fetal long bone were seen. In CT scan of the abdomen, large cystic area was noted in right lumbar and right iliac fossa region and contents were fetal bony parts including spine, large bone and calvarium. Right kidney of the child could not be seen properly. Patient was operated and a firm retroperitoneal sac was seen in which right dysplastic kidney incorporated within the sac and blood supply from superior mesenteric artery. The mass was removed enroot. Postoperative course was uneventful and the patient was discharged on 7th postoperative day. Gross examination of the fetus showed it to be anencephalic. It was covered entirely with skin, there were two malformed lower limbs with two rudimentary upper limbs (Figure 2). On follow up the child was found to be normal.

The term fetus in fetu was first described by Meckel in late 18th century to describe an encapsulated fetoid tumor with a fetus. (1) It occurs relatively equal in male and female patients presenting with an abdominal mass in infancy. (2) There exists much controversy whether a fetus in fetu is a well-formed teratoma (tumor composed of three germ layers) or not. The distinction between the two is based on the "Willis criteria" which stress on the development of an axial skeleton with vertebral axis (having passed through the primitive streak stage) and an appropriate arrangement of

Figure 2: Gross examination of the fetus showed it to be anencephalic. It was covered entirely with skin; there were two malformed lower limbs with two rudimentary upper limbs.



other organs and limbs with respect to the axis.(3) In our case the presence of vertebral column was clearly observed. The incidence is 1 in 500000 births, (4) with fewer than 100 cases reported worldwide.(5) It commonly present as an abdominal mass that is typically located in upper retro peritoneum as it was found in our case. Other more unusual sites being cranial cavity, oral cavity, sacrococcygeal region and scrotum. (1,5) Symptoms are mainly related to mass effect and include abdominal distension, feeding difficulty, emesis, jaundice, pressure effect on renal system and dyspnea. Vascular supply of mass is usually from superior mesenteric vessels or may be derived

from plexus were fetus-in-fetu and the sac is attached to the host abdominal wall. (2) In our patient blood supply was from superior mesenteric artery. Diagnosis is based mainly on radiological findings. The treatment of choice is operative removal.

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