

Prenatal Diagnosis of Fetal Nasal Glioma

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A 34-year-old primigravida with no significant medical history underwent a routine ultrasound at 21 weeks' gestation. Fetal sonography revealed the presence of a solid mass, 14 mm × 19 mm in size, arising from the region of the glabella (Figure 1B). No other abnormalities were detected. Fetal MRI was performed at 21 weeks (Figure 2A) to clearly define the lesion and rule out calvarial defects. The patient chose to continue with the pregnancy. A male fetus was uneventfully delivered at 39 weeks. The presence of a solid friable mass located in the left internal canthus was noticed (Figure 2B). The mass was resected with no complications at 2 weeks of age (Figure 2C), and pathological study confirmed the presence of neuroglial heterotopic tissue (nasal glioma). Although benign in nature, gliomas are cosmetically unfavorable, and early surgical intervention is the treatment of choice to minimize nasal distortion.^{1,2} Differential diagnosis includes encephalocele, teratoma, dermoid cyst, dacryocystocele, retinoblastoma, and hemangioma.^{2,3} Prenatal suspected diagnosis and assessment is of paramount relevance.

Consent to publish these images was obtained from the parents.

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Figure 1.

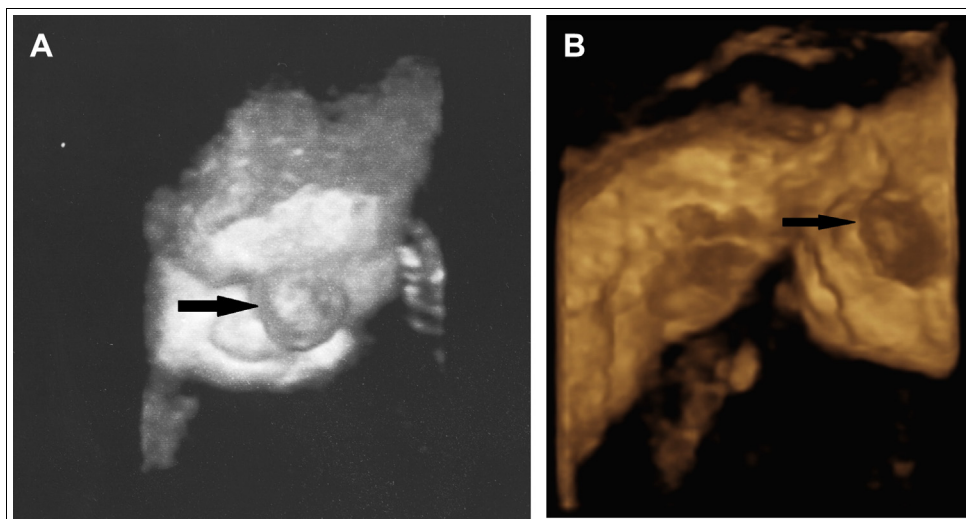


Figure 2.

