INTRODUCTION
Large fetal head and neck (HN) masses can be life-threatening at birth and post-natally because of the risk of airway obstruction. The two most frequent masses that may obstruct the airway are lymphatic malformation (LM) and teratoma. We evaluated the results of our experience in the management of giant congenital HN masses.

PATIENTS AND METHODS
The study involved a consecutive series of 13 newborns (7 females) with pre- or perinatally detected giant HN masses. Prenatal diagnosis was achieved by means of ultrasound (US) and fetal magnetic resonance imaging (MRI) (fig. 1). Delivery was performed by means of EXIT procedure (fig. 2) in case of radiological evidence of airway obstruction. In the post-natal period, after clinical examination (fig. 3a, 3b, 3c) and whole-body MRI were performed (fig. 4a, 4b), the feasible therapeutic options (surgery, sclerotherapy, medical therapy) were discussed by a multidisciplinary team and presented to the parents. 12 patients underwent surgical resection (fig. 5a, 5b, 5c) and one received Rapamycin for one month, with consequent surgical resection due to increasing size of the mass.

RESULTS
The histopathological diagnosis was LM in 11 cases and teratoma (fig. 6) in 2 cases. Airway obstruction was solved in 11 cases; two LM patients required a tracheotomy because of persistent airway obstruction. Major complications were flap necrosis (one patient) and facial nerve palsy (2 cases). Recurrence (fig. 7a, 7b) occurred in 5 patients.

CONCLUSIONS
The management of congenital HN masses is challenging and requires an interdisciplinary approach. When they are large enough to be called “giant”, the conventional treatment algorithms become irrelevant and treatment should be based on the individual patient and the experience of the treating team.