Fetal chest tube: A life saving procedure for severe fetal hydrothorax

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ABSTRACT
Introduction: Severe fetal hydrothorax can lead to unfavourable neonatal survival because it restricts fetal lung development, compromises cardiac function and limits fetal swallowing which leads to polyhydramnios and preterm labour. Fetal chest drainage reduces the pressure effect of space occupying collection. We report a case of successful management of severe idiopathic bilateral fetal hydrothorax with a percutaneous in utero thoracoamniotic shunt. Case Description: A 24-year-old primigravida at 30 weeks of gestation presented with bilateral severe hydrothorax, hydrops fetalis and moderate polyhydramnios. The fetal intracranial structures appear normal. The spine curvature was normal but sudden termination of the spine at the coccyx level. The lower limbs were in a flexion position with talipes present. We present a clinical case of a prenatal diagnosis of CRS, describing the workup and management of this patient till delivery. Discussion: Caudal regression syndrome is a rare entity, characterized by sacrococcygeal dysgenesis with an abrupt termination of a blunt-ending spinal cord. Addressing risk factors, prompt detection and supportive treatment upon delivery is very important.

Caudal regression syndrome: A case report

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ABSTRACT
Introduction: Caudal regression syndrome (CRS) is a rare complex congenital anomaly which is characterized by agenesis of the sacral and lumbar spine. Pelvis, lower extremity, genitourinary, cardiac anomalies, neurological and motor development deficits may accompany. Maternal insulin-dependent diabetes mellitus, genetic factors, and vascular hypoperfusion may play a role in the aetiology. Case Description: We report a case of caudal regression syndrome diagnosed in utero in a 23-year-old primigravida with a 12-year history of type 1 diabetes mellitus. Ultra-sonographic examination revealed a singleton fetus with biometry at the lower centile. The fetal intracranial structures appear normal. The spine curvature was normal but sudden termination of the spine at the coccyx level. The lower limbs were in a flexion position with talipes present. We present a clinical case of a prenatal diagnosis of CRS, describing the workup and management of this patient till delivery. Discussion: Caudal regression syndrome is a rare entity, characterized by sacrococcygeal dysgenesis with an abrupt termination of a blunt-ending spinal cord. Addressing risk factors, prompt detection and supportive treatment upon delivery is very important.