Ex-utero intrapartum treatment (Exit) case series: A single center clinical experience

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ABSTRACT

Introduction: With advances in prenatal diagnostic modalities, the detection of life-threatening fetal facio-cervical masses has improved. The Ex-Utero Intrapartum Treatment (EXIT) procedure improves neonatal outcome by establishing an airway during caesarean delivery while preserving feto-maternal circulation. **Objective:** To review the indication and outcome of the EXIT procedure at our local centre. **Materials and Methods:** A case series to review 10 EXIT procedures carried out at our centre from year 2009 to 2023. Data was collected from electronic medical records of patients who had prenatal diagnosis of fetal facio-cervical masses. **Results:** The diagnosis included cystic hygroma (n=6), immature teratoma (n=1), giant teratoma (n=1), cervical hemangioma (n=1) and congenital granular cell tumour of upper gingiva (n=1). Polyhydramnios was present in 5 patients. Three out of seven patients who had prenatal MRI showed airway obstruction. The mean gestational age at EXIT procedure was 35-36 weeks (range 31-39 weeks). Airway access was successfully established in all except for 1 case, whereby no airway obstruction was noted after laryngoscopy due to the location of the mass. Eight of the neonates born by EXIT are currently healthy, while 2 developed complications not related to EXIT procedure and expired at day 3 and day 15 of life. **Conclusion:** The location, size of the mass and airway patency are major determinants for EXIT procedure and neonatal outcome. Prenatal fetal MRI adds value in anticipation of complications during EXIT procedure.