



UPDATES

in Fetal Medicine

20-21 Maio 2022
May 20-21, 2022

PT Meeting Center
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Pregnancy adverse outcome (preeclampsia, fetal growth restriction, stillbirth)

AO - (21339) - A SILENT PREDATOR: HELLP SYNDROME WITH ATYPICAL PRESENTATION

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Abstract

Introduction: HELLP syndrome has a prevalence of 0.1-1% and it's characterized by hemolysis, elevated liver enzymes and a low platelet count in pregnancy and postpartum individuals, being associated with an important morbidity and mortality. It may have an insidious and atypical onset, with approximately 15% of patients lacking hypertension or proteinuria, which may be challenging for the diagnosis.

Objectives: We describe a case of HELLP syndrome with subcapsular liver hematoma in a 33-year-old primigravida at 34 weeks' gestation with an unremarkable medical and obstetric history.

Methodology: The patient was admitted in the ER with mild epigastric and right shoulder pain with a few days' onset and an episode of vomiting previously to the admission. No relevant findings in the physical examination were identified with reassuring fetal assessment and normal vital signs. The patient presented an episode of presyncope (<15 seconds) being hemodynamically stable afterwards. Laboratory blood tests were performed.

Results and Conclusions: Blood tests revealed low platelets (25.000/uL), elevated liver enzymes (>400 U/L), hemolysis (LDH 908 U/L) and a sFlt-1/PIGF ratio of 310. The patient was started on magnesium sulfate, dexamethasone and we asked for a pool of platelets. Fetal assessment revealed absence of cardiac activity and no umbilical artery flow. An emergent c-section was decided. We identified a moderate volume of blood in the abdominal cavity and a regular hepatic surface. A male infant was delivered with a weight of 2340g and an APGAR score of 0/0/0. A post-op. abdominal-CT was performed revealing a subcapsular liver hematoma. Thereafter the patient was admitted in the ICU, and an expectant management towards the liver hematoma was decided. The patient was discharged after 19 days, and no issues were reported.

This case illustrates the diagnostic dilemma that obstetricians face in discriminating HELLP from its many imitators and the impact of this condition in the maternal-fetal outcomes.

Keywords: Stillbirth, HELLP Syndrome, Liver hematoma



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Fetal structural defects

AO - (21347) - CONGENITAL DIAPHRAGMATIC HERNIA - CASUISTIC OF THE LAST FIVE YEARS

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Abstract

Introduction: Congenital diaphragmatic hernia (CDH) is defined as a discontinuity of the fetal diaphragm, which allows abdominal viscera to herniate into the fetal thorax. The severity depends on the gestational age at which the hernia occurs, and on the presence of factors associated with poor prognosis. It can lead to high fetal and neonatal morbidity and mortality.

Objectives: Investigate whether the approach and follow-up of CDH cases were correct, and in accordance with recommendations based on current scientific evidence.

Methodology: All cases of CDH diagnosed at Hospital de Faro between January 2017 and December 2021 were identified. Out of approximately twelve thousand births in this hospital, four cases of CDH were diagnosed. In these cases, clinical case assessment, pregnancy management, and fetal and/or neonatal outcomes were investigated.

Results and Conclusions: Of all cases, no woman had relevant personal or family history. All were left and posterior CDH and diagnosis was made on 2nd trimester ultrasound, after which genetic study, fetal MRI and echocardiogram were performed. Only one case was considered of moderate severity and had poor prognostic factors. In this case the couple opted for legal termination of pregnancy. The others were considered of mild severity and no poor prognostic factors were identified, so an expectant attitude was adopted. In the third trimester, they were referred to tertiary centers, where the deliveries took place. Only two clinical files were available to be accessed. Only one required neonatal surgical intervention. In conclusion, CDH is a rare diagnosis whose prognosis depends on several clinical findings. Clinical approach may can be expectant or interventional. Upon diagnosis, it is essential that the malformation is reassessed by an expert sonographer in order to classify its severity and associated prognosis. Discussion in a multidisciplinary meeting and with the parents are essential. The delivery should take place in a Tertiary Center.

Keywords: Congenital Diaphragmatic Hernia, Casuistic.



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AO - (21348) - WHAT ABOUT THE CASES IN WHICH ACETYLSALICYLIC ACID DID NOT PREVENT PRE-ECLAMPSIA?

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Abstract

Introduction: Acetylsalicylic acid (ASA) is used to prevent the occurrence and complications of pre-eclampsia (PE) in cases at risk of developing this pathology during pregnancy.

Objectives: The aim of this study was to ascertain whether performing prophylaxis with ASA made a difference in maternal-fetal outcomes in the cases with PE.

Methodology: We investigated all cases of PE diagnosed at Centro Hospitalar Universitário do Algarve - Unidade de Faro, between 2019 and 2021. Twin pregnancies and deliveries outside of CHUA were excluded. Statistical analysis was performed using Statistical Analysis Software (SPSS).

Results and Conclusions: In this study 110 patients were included, of whom 14% had PE screening. In this cases, 53% had prophylaxis with ASA, of these 25% was preterm delivery, 50% restricted fetal growth (CRF), 13% postpartum haemorrhage. In the cases had PE screening but not make ASA, 14% was preterm delivery, 29% CRF and no postpartum haemorrhage was identified. In the two groups no cases of HELLP Syndrome, fetal death, and eclampsia were identified.

In the cases without PE screening (86%), only 11% had prophylaxis, of which 30% was preterm delivery and 20% CRF. In the cases without PE screening and prophylaxis, 33% was preterm delivery, 31% CRF, 12% HELLP Syndrome, 4% fetal death, 6% postpartum haemorrhage, and 1% premature placental abruption and eclampsia.

In the cases without PE screening and ASA prophylaxis, there was a higher prevalence of complications. Although there was no statistical significance, ASA decreased maternal morbidity such as prevalence of PE, HELLP syndrome, eclampsia and also fetal death. This study supports the importance of this prophylaxis.

Keywords: Acetylsalicylic acid, Pre-Eclampsia, Screening, Prophylaxis, Complications



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Cesarean scar pregnancy or Placenta accreta spectrum

AO - (21353) - MULTIPLE PREVIOUS CESAREAN SECTIONS, A FORMAL INDICATION FOR CESAREAN? – A REALITY OF 7 YEARS IN AUTONOMOUS REGION OF MADEIRA

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Abstract

Introduction: Cesarean section (CS) is a mode of delivery that is becoming more frequent in the present days. A consequence of that is an increase in pregnant women with multiple cesarean sections (CSs) in their obstetric record.

Objectives: Descriptive statistics of labor after two or more cesarean sections from Hospital Dr. Nélio Mendonça.

Methodology: Retrospective analysis of 196 cases of pregnant women with multiple previous CSs (defined by two or more CSs), between January 2015 and December 2021. We reviewed maternal age at delivery, gestational age, mode of delivery, number of previous CSs, simultaneous definitive contraception, intra-operative findings and post-operative complications.

Results and Conclusions: Results: We found 196 cases of pregnant women with multiple previous CSs, with a median age at delivery of 35 y.o. The majority (186) had 2 previous CSs, nine had 3 CSs and one had 4 CSs. All (100%) of cases were delivered by cesarean section. 134 were elective CSs, 61 were urgent and 1 was emergent (fetal bradycardia). Median gestational age at delivery was 38,5w. There were 14 preterm deliveries (due to premature rupture of membranes, third trimester vaginal hemorrhage, pre-eclampsia and pathologic cardiotocography). The majority of women chose to have simultaneous tube ligation for definite contraception. The main intra-operative finding was intra-abdominal adhesions with the bladder and the abdominal wall. There was 1 case of a small (1cm) uterine dehiscence found intra-operatively. The post-operative complication rate was low, with only few cases of wound infection, post-partum hemorrhage, 1 case of hematometra and complications related to the anesthetic procedures.

Conclusion: The history of two or more CSs is a formal indication for delivery by cesarian section, but since pre-operative complications are rare, vaginal birth trial could be further researched for selected cases. CSs in this cases should be an elective procedure and the rate of surgical complications is low.

Keywords: cesarean section, labor



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Monochorionic twins

AO - (21354) - TWIN PREGNANCIES – THE INFLUENCE OF CHORIONICITY

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Abstract

Introduction: Multiple gestations are associated with higher rates of pregnancy complications, with increased maternal, fetal and neonatal morbidity and mortality.

Objectives: Compare mode of conception, obstetric and postpartum outcomes between monochorionic (MC) and dichorionic (DC) twin pregnancies.

Methodology: Retrospective study from January 2019 to December 2021 in an Obstetrics Department at a Tertiary Hospital, that included patients with twin pregnancies divided regarding their chorionicity in monochorionic (n=49) and dichorionic (n=82). Only diamniotic pregnancies were considered. Statistical analysis was performed using SPSS v27.0, with a significance level of $p < 0.05$.

Results and Conclusions: Natural conception occurred in 91.8% (n=45) of MC vs 63.8% (n=56) in DC ($p < 0.001$).

Regarding obstetric complications, preterm birth threatening was registered in 38.8% (n=19) of MC vs 32.9% (n=27) of DC; preterm premature rupture of membranes in 16.3% (n=8) of MC vs 18.3% (n=15) of DC and intrauterine growth restriction in 18.4% of MC vs 13.4% (n=11) of DC.

There were 2 cases of twin-to-twin transfusion syndrome in MC pregnancies (4.1%).

Preterm delivery occurred in 93.9% (n=46) of MC vs 72% (n=59) of DC ($p < 0.001$). The median gestational age at delivery in MC was 35 weeks (26-37) vs 36 weeks (25-38) in DC ($p = 0.013$).

Spontaneous labor occurred in 34.7% (n=17) of MC vs 36.6% (n=30) of DC, and there was induction of labor in 32.7% (n=16) of MC vs 31.7% (n=26) ($p = ns$).

Regarding mode of delivery, there was a vaginal delivery in 53.1% (n=26) of MC vs 48.8% (n=40) of DC ($p = ns$).

Considering postpartum complications, post-partum hemorrhage occurred in 12.2% (n=6) of MC vs 4.9% (n=4) of DC ($p = 0.03$).

We conclude that monochorionic pregnancies were mainly spontaneous with higher rates of preterm delivery and lower gestational age at delivery. There were no significant differences in obstetrical complications and mode of delivery.

Keywords: multiple gestation, obstetrical complications



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Pregnancy adverse outcome (preeclampsia, fetal growth restriction, stillbirth)

AO - (21355) - : MULTIPLE GESTATION EPIDEMIOLOGY – 7 YEARS SURVEY

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Abstract

Introduction: The rate of multiple pregnancies (MP) has increased significantly since the beginning of medically assisted reproduction (MAR) techniques. In this type of pregnancies, maternal and fetal complications are more frequent.

Objectives: The main objective of this work is to study the maternal-fetal complications that occurred in MP.

Methodology: The authors carried out a retrospective study of all MP deliveries that occurred at HNM between January 2015 and December 2021, corresponding to a total of 184 MP and 369 newborns delivered.

Several parameters were evaluated, namely the incidence of MP, the contribution of MAR, type of chorionicity, mean maternal age, obstetric complications, gestational age at delivery and preterm delivery rates.

Results and Conclusions: The rate of MP was 1.47% in 2015, 1.66% in 2019 and 1.44% in 2021. There was a significant increase in MP that resulted from MAR between 2015 and 2021, 14,8% and 40% respectively.

The average maternal age also increased from 31.1 years (2015) to 34.1 years (2021).

Regarding the type of chorionicity, 74.9% corresponded to bichorionic diamniotic (BC/BA) pregnancies, 24% to monochorionic diamniotic (MC/BA) and 1.1% to monochorionic monoamniotic (MC/MA).

As for maternal complications, the frequency of hypertensive disorders in pregnancy was higher in the group of MP - 11.1% vs 4.4% in singletons. Also, the incidence of fetal growth restriction was much higher in MP vs singletons, 23.7% and 4.1%, respectively.

The average gestational age (AGA) at delivery for BC/BA pregnancies was 35,4 weeks, 34,6 weeks to MC/BA gestations and 33,5 weeks to MC/MA pregnancies.

Conclusions: Based on the parameters evaluated, we can conclude that multiple pregnancy carries an increased maternal-fetal risk due to its increased prevalence of hypertension and pre-eclampsia, growth restriction and preterm birth. Therefore, these pregnancies should have a closer clinical and ultrasound surveillance.

Keywords: Multiple pregnancy, Adverse outcomes