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A case of hydrops fetalis

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Objective

Hydrops fetalis is defined as accumulation of liquid in fetal compartments such as pericardium, pleura or peritoneum, and is occasionally combined with skin edema. The incidence is approximately 1/1000-6000 births and 1/750 spontaneous abortions. It can be commonly diagnosed by first trimester ultrasound. We report a case of massive hydrops fetalis.

Methods

A 29 year-old nulliparous was referred to our hospital without any relevant pathological history due to an insufficiently controlled pregnancy. The first ultrasound at 17. 3 gestational weeks showed a viable but completely immobile fetus with pleural effusion, ascites and skin edema. Besides, a cystic hygroma measuring 5cm and severe oligohydramnios were observed. The findings including the poor prognosis were explained to the patient and an interruption of the pregnancy was offered.

Results

The patient opted for a termination of pregnancy and a medical abortion was initiated following the hospital specific protocol. After delivery a viral PCR, a histological analysis and a genetic examination were performed. The viral PCR results showed human herpesvirus type 6 infection, which had not yet been demonstrated a cause for hydrops fetalis so far, and the result of the karyotype was 45, X0, known as Turner Syndrome.

Conclusion

Hydrops fetalis can occur due to several causes and Turner Syndrome seems to be the most common cause among genetic disorders. In fact, this syndrome is the chromosomal disorder most frequently showing a very large nuchal translucency thickness. Turner Syndrome is the most frequent sex chromosome alteration, and its incidence reaches about 1/2000 or 1/2500 of all female newborns. It is known that the mortality in cases of hydrops fetalis is around 60-90%. With this report we would like to highlight the importance of early diagnosis to be able to offer parents the possibility to decide about the future of the pregnancy.