



Persistent right umbilical vein and fetal outcome

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Objective

In normal early development, 7th gestational week right umbilical vein disappears. Persistent left umbilical vein is an altered development which is the left umbilical vein regresses. The incidence is 1/250- 1/1250. According to literature, isolated persistent right umbilical vein has 73%- 98% good prognosis. Aim of this study is to evaluate two cases from our clinic which had right umbilical vein and their obstetric results.

Methods

This is a case report.

Results

28 year old nulliparous woman (G: 1 P: 0) applied to our clinic for routine first trimester pregnancy ultrasound. Her first trimester combined test risk for Down syndrome was 1/10. 000. In her detailed anatomic ultrasound at 19th gestational week, persistent right umbilical vein was detected. No other fetal anomalies were detected. In the following obstetric ultrasounds, fetus was monitored for growth. At 36+3weeks of gestation, the patient had spontaneous rupture of membranes and delivered 3020 gr male infant with 8-8 APGAR score. At the 6th hour post delivery, infant was transferred to newborn intensive care unit for tachypnea. Because of low oxygen saturations, infant was intubated. On the 3rd day of delivery, the infant died. Autopsy showed nothing except persistent right umbilical vein. Another case of 32 year old multiparous woman (G: 2 P: 1) presented to our clinic with the diagnosis of persistent right umbilical vein at 28 weeks of gestation. Detailed anatomic ultrasonography was performed, no additional anomalies were noted. At 38+5 weeks of gestation an elective repeat C-section was done and a 3214 gr female with 8-9 APGAR fetus was delivered. Baby was discharged on day 2 post operatively.

Conclusion

Clinical significance of persistent right umbilical vein depends on associated anomalies. When isolated the prognosis is good, but not always certain. It is recommended to counsel the patient about all possible outcomes.