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Persistent cloacal malformation: prenatal diagnosis predict endeavour!

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Objective

Prenatal suspicious of cloacal malformation (CM) is difficult and diagnosis possible only in a minority of cases. Abdominal /pelvic cystic mass, urinary tract abnormalities and dilated bowel loops are considered non-specific/indirect signs of potential CM. Aim of present study was to assess the role prenatal suspicious of CM to predict common channel (CC) >3 cm long.

Methods

Retrospective collected data of all patient treated at our institution for CM between 1999 and 2016 were performed. Patients were categorized based on CC > or < 3cm long. Prenatal ultrasound scans were reviewed to identify the presence of prenatal anomalies (abdominal cyst, hydronefrosis, dilated bowel, ascites, intraabdominal calcification, polyhydramnios). Fisher exact test was used as appropriate.

Results

25 patients were referred for CM during the study period. Four patients were excluded from the study due to no prenatal diagnosis. Twenty-one patients were analyzed. Thirteen patients were in group A (CC>3) and 8 in Group B CC <3). Prenatal findings were present in 10/13 (77% patients) in Group A and in 2/8 (25%) patients in Group B (p 0. 03). Prenatal suspicion of cloaca was made in 8/13 subjects in Group A and in 2/8 in Group B (p0. 02) Prenatal abdominal/pelvic cystic mass n (%); 9 (69) A vs 2 (25) B p 0. 08. Hydronephrosis; n (%): 8 (62) A vs 2 (25) B p 0. 18. Distended bowel; n (%) 4 (31) A vs 0 (0) B p 0. 13. Polydramnios; n (%) 3 (23) A vs 2 (25) B p 1. Ascites; n (%) 2 (15) A vs 0 (0) B p 0. 5. Peritoneal calcification; n (%) 2 (15) vs 0 (0) p 0. 5.

Conclusion

Our data suggest that prenatal anomalies detected at fetal ultrasound correlate with longer CC, although no odd risk factor, evaluated alone, reached significance. Once confirmed by larger studies, such data could be conveyed to the parents for early counseling prior to workup and surgical reconstruction.