



Pregnancy termination on fetal indications: one-year review at a differentiated perinatal centre

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Objective

To assess the spectrum of fetal abnormalities leading to termination of pregnancy (TOP) in our institution. Secondary aims were to evaluate termination outcome and maternal complications.

Methods

All cases of pregnant women with singleton spontaneous pregnancy who underwent TOP for fetal indications between January and December 2017 at Centro Hospitalar Universitário do Algarve – Faro were analyzed.

Results

There were 16 cases of TOP due to fetal abnormalities, representing a rate of 6, 5/1000 live-births. Mean maternal age was 33, 56 years (range 23 - 43) and 31% of women were nulliparous. Potentially teratogenic medication (class C or D) was used by 25%, 18, 8% had previous history of TOP for fetal reasons or intrauterine fetal demise, 37, 5% had a family history of fetal malformations or congenital abnormalities, and there was one case of consanguinity. Mean gestational age at the time of suspected anomaly was 15, 3 weeks. The medical exams leading to suspicion were first-trimester ultrasound, second-trimester ultrasound, combined first trimester screening and cfDNA in 37, 5, 31, 3, 18, 8 and 12, 5% of cases, respectively. Invasive testing was performed in 93, 7% (53, 6% amniocentesis). The main cause for termination was aneuploidy (56, 3%), followed by morphological abnormality (37, 5%). Ultrasonographic suspicion of structural alterations was found in 75%. Karyotypic abnormalities included trisomy 21 (31, 3%), trisomy 18 (12, 5%) and monosomy X (12, 5%). Mean gestational age at pregnancy termination was 17, 2 weeks. Medical methods were used in 87, 5% of cases and feticide was performed in two cases. Mean time to delivery was 14, 4 hours. There was a complete abortion in 50% of cases, 18, 8% of retained products resolved with medical treatment and 18, 8% needed curettage. No complications occurred in 75% of women; however, there were two cases of adverse reaction to sulprostone and one case of maternal anaemia. Mean time for discharge was 3, 2 days. Postmortem analyses revealed agreement with prenatal diagnosis in 100% of cases, although in 12, 5% findings were less characteristic but still consistent with the diagnosis.

Conclusion

In our institution, the leading cause of fetal-indicated TOP was chromosomal anomalies. Trisomy 21 was the most frequent aneuploidy. There was a wide range of structural abnormalities leading to TOP. Maternal complications were both rare and mild. Prenatal detection was consistent with postmortem results in all cases with available results.