

Experience in the implementación of a maternal serological screening protocol for primary CMV infection based on the primary and secondary prevention strategy available to reduce fetal sequelae

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Objetives: To analyze the characteristics and evolution of pregnant women at risk of cytomegalovirus infection both perigestationally (< 4 weeks) and throughout pregnancy and the need for medical treatment to avoid serious fetal sequelae and improve neonatal outcomes in the period between 2018-2022.

Methods: A retrospective study of 54 women with serological screening for primary CMV infection positive during pregnancy was conducted in the Obstetrics Service of the Ramón y Cajal University Hospital. Primary infection is defined as the de novo development of virus-specific IgG antibodies in the absence of prior serological immunity.

CMV IgG avidity is defined as high with values above 0.65 and low with values below 0.40

Results:

DIAGNOSIS OF SEROCONVERSION	FIRST TRIMESTER	SECOND TRIMESTER	THIRD TRIMESTER
AVERAGE AGE	31	32	32
MULTIPARAS	57,14 %	45,45 %	100,00 %
VIREMIA	25,00 %	22,73 %	60,00 %
AMNIOCENTESIS	71,43 %	27,27 %	0,00 %
ULTRASOUND DIAGNOSTIC	10,71 %	0,00 %	0,00 %
TREATMENT	7,14 %	13,64 %	0,00 %
LONG-TERM SEQUEL	3,57 %	0,00 %	0,00 %

Conclusion: Systematic serological screening against CMV at the beginning of pregnancy is useful in the selection of the population at risk of vertical transmission of early primary infection, allowing the inclusion of a therapeutic strategy of prevention 2nd with Val-acyclovir of congenital CMV.

