

Images in clinical medicine



Ultrasound diagnosis of hydrops fetalis in consanguineous parents

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Ultrasound diagnosis of hydrops fetalis in consanguineous parents

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Image in medicine

This is a 25-year-old patient who has been married for 1 year to a first cousin. She is nulliparous and was pregnant with a first pregnancy at 27 weeks of gestation. This pregnancy has not been followed up to date and the patient did not have a check-up. The obstetric ultrasound showed an active intrauterine pregnancy with a regular fetal heart rate of 136 bpm (A). It also showed a diffuse fluid effusion involving the peritoneal cavity (B, C, red arrows), the pleural cavities (B, blue arrow), the pericardial cavity (B, C, white arrows) and the soft subcutaneous tissue (D, yellow arrow). In total the ultrasound concluded in an active intrauterine pregnancy at 27 weeks of amenorrhea with hydrops fetalis. The laboratory workup for the

cause of the hydrops fetalis included a Coombs test and serological tests for toxoplasmosis, cytomegalovirus, syphilis, rubella and herpes. All of these exams were normal. In the absence of an immune or infectious cause, inbreeding has been retained as the main factor causing this hydrops fetalis and this possibility has already been reported by other authors. The pregnancy stopped after 29 weeks of amenorrhea with fetal death in

utero. Hydrops fetalis is an accumulation of fluid in at least two compartments of the fetus. It is a rare condition with an incidence of approximately 1/3000 births. The teaching point in this case is the importance of the follow-up of the pregnancy with biological assessment and the obstetric ultrasounds for the early diagnosis of the possible anomalies especially where a fetal care in utero is not possible.

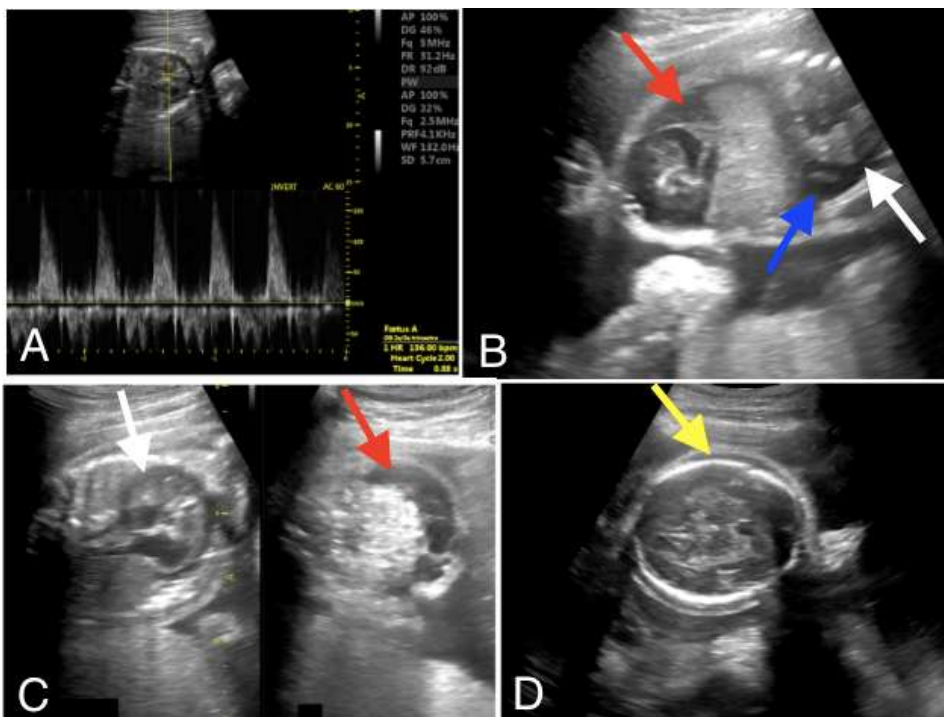


Figure 1: obstetric ultrasound at 27 weeks of amenorrhea: (A) measurement of fetal heart rate; (B) oblique view of the fetal chest and abdomen; (C) axial view of the fetal heart on the left and axial view of the fetal abdomen on the right; (D) axial view of the fetal head