

Poster EP05.16

Fetal descending aortic aneurysm: case report and review of literature.

Rodrigo Jeria, Ignacia López, Norma Lorca, Pamela Socias, Sergio López, Álvaro Sepúlveda, Mauro Parra-Cordero, Ana Luisa Pérez, Hernán Muñoz. Hospital Clínico Universidad de Chile

Introduction

Aortic aneurysms (AA) are dilatations of the aortic wall caused by the deterioration of the elastic lamina of the medial layer. In adult life only 35% of AA compromise the descending aorta (DAA) and only a handful of cases with prenatal diagnosis are described in the literature, we describe a prenatal diagnose of rare case of a DAA.

Case

A 30-year-old nullipara evaluated at 23 weeks of gestation in routine second trimester ultrasound, described an 8.3x5.8mm retrocardiac anechogenic with turbulent flow at the color-Doppler evaluation.

Fetal echocardiography confirmed the lesion distal to the aortic isthmus, highly indicative of a DAA.

The diameter of the aorta proximal and distal to the image was 3.7 and 3.8mm respectively. No other aortic lesions were seen.

Prenatal Follow-up

The suspected DAA remained stable throughout the pregnancy with a maximum diameter of 12mm, and no signs of hemodynamic repercussions or thrombosis were observed.

At 38 weeks of gestation by elective C-section, a female baby weighing 3432 grs was born, with normal Apgar scores, and hemodynamia.

Postnatal Follow-up

At the present time, a healthy 1year old is followed by cardiologist every month, with normal cardiac structure and function, in which pending AngioCT. Parents declined the genetic testing for genes related to aortopathies.

Conclusion

Only one case with prenatal evaluation of a DAA is reported in the literature, but that case was diagnosed at 35 weeks of pregnancy.

Both cases had a similar postnatal evolution, with no compromise of fetal hemodynamic functions

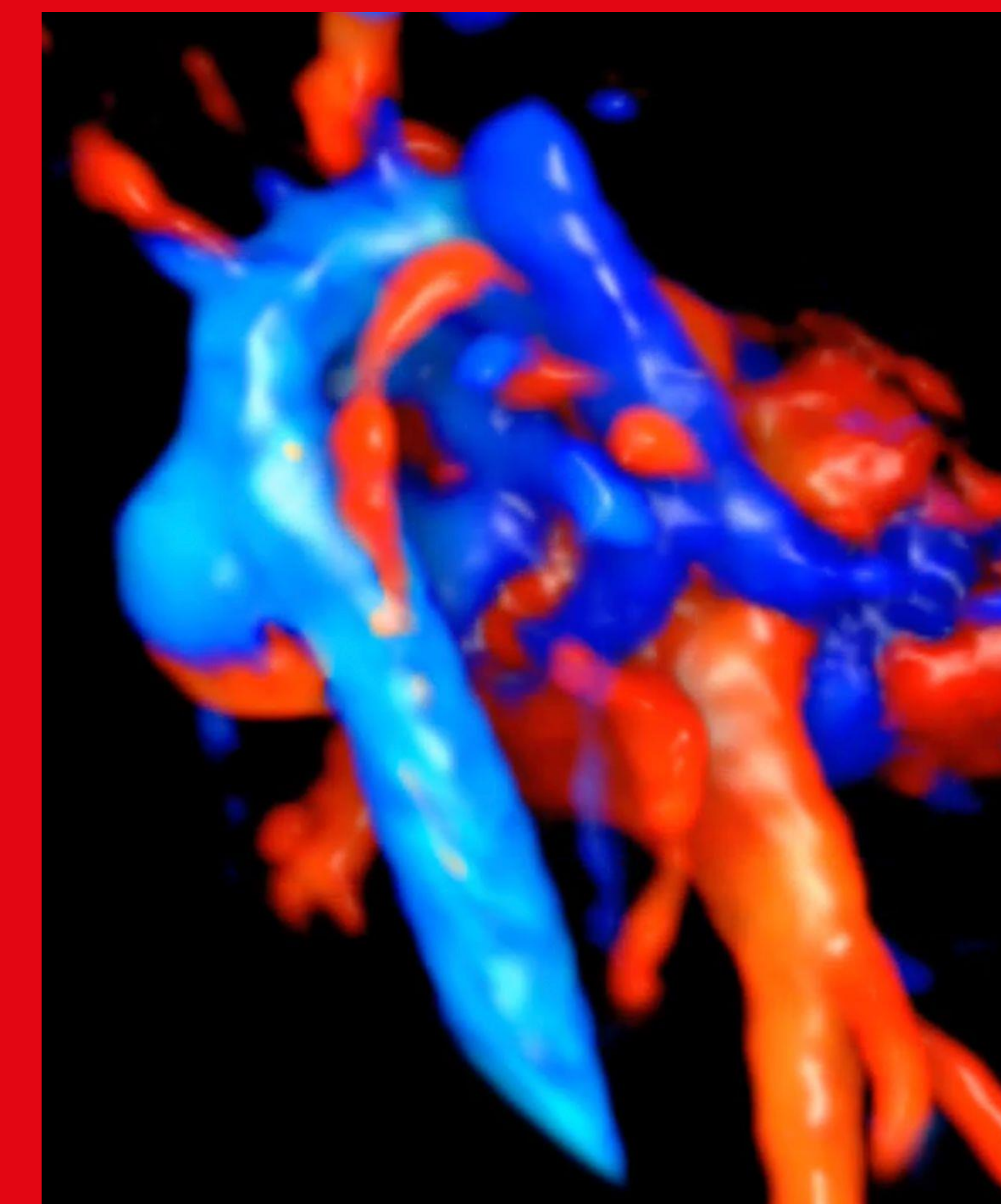


Image 1. 3D Reconstruction of DAA

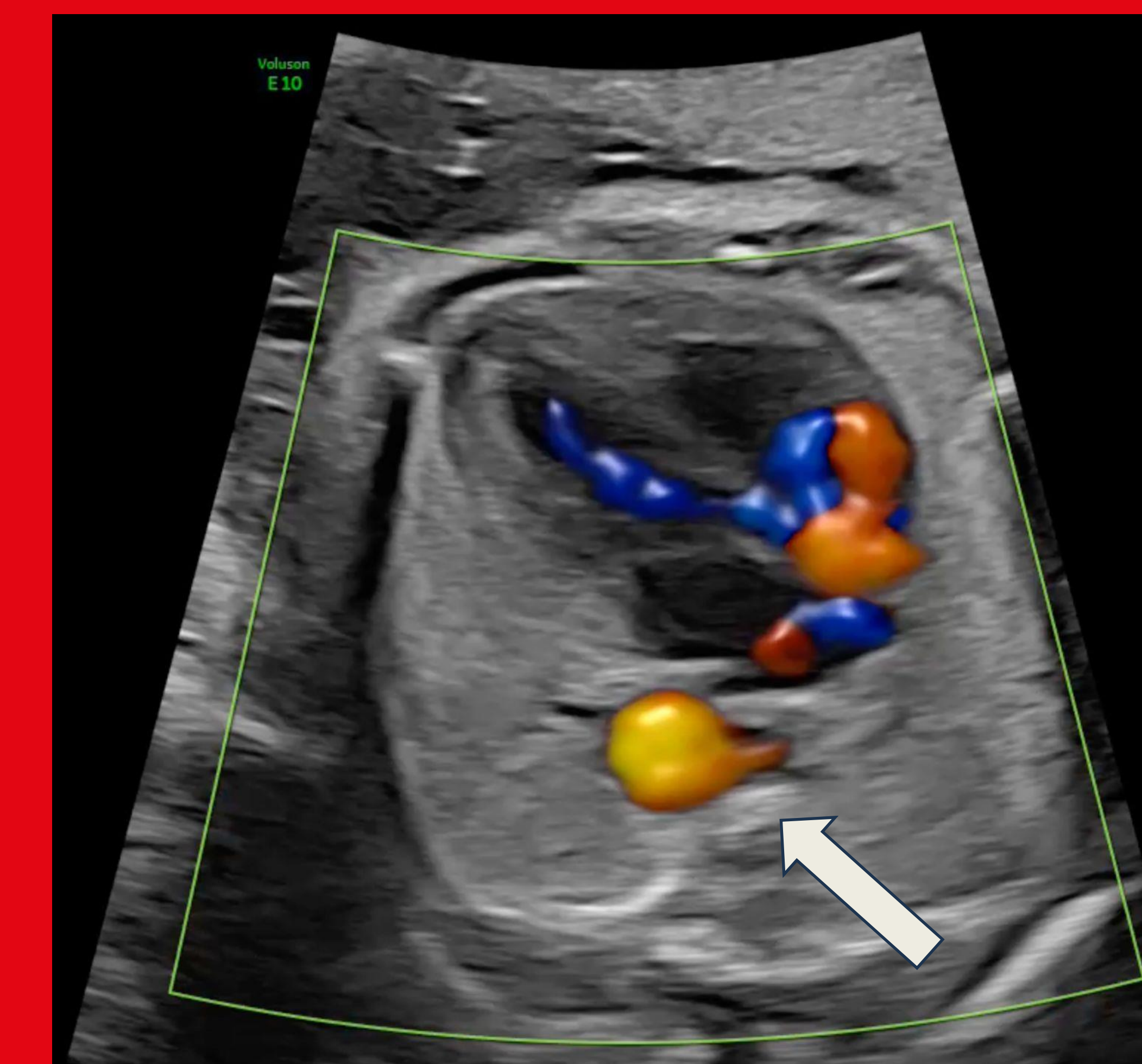


Image 2. Transverse thoracic image showing a DAA behind de left atria.