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Fetal megacystis : Institutional experience of a single perinatal reference center in Chile over 18 years.

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Objetives

To describe characteristics, probable etiology, intrauterine interventions and outcome of fetuses with megacystis.

Methods

Retrospective study of fetuses with prenatal diagnosis of fetal megacystis, in Hospital Clínico de Universidad de Chile, between 2006 and 2024.

Results

53 fetuses with megacystis were included. Mean gestational age at diagnosis was 18 weeks; 15 (28%) in the first trimester and 38 (71%) in the second trimester. Termination of pregnancy was performed in 6 cases (11%), intrauterine death occurred in 11 (20%). Of the 23 live births (43%), **17 survived (32%).**

Conclusion

Prenatal diagnosis of megacystis is rare. In the evaluation of this fetuses, it is important to assess the genitourinary tract in its totality, the quantity of amniotic fluid, perform genetic testing if possible, evaluate renal function and searching for other anatomic abnormalities. Exact prenatal diagnosis of the underlying pathology is challenging and sometimes not possible. Intrauterine therapy aims to avoid renal impairment and/or pulmonary hypoplasia but in general, megacystis is associated with poor outcomes and high mortality, despite this treatment.



Etiology

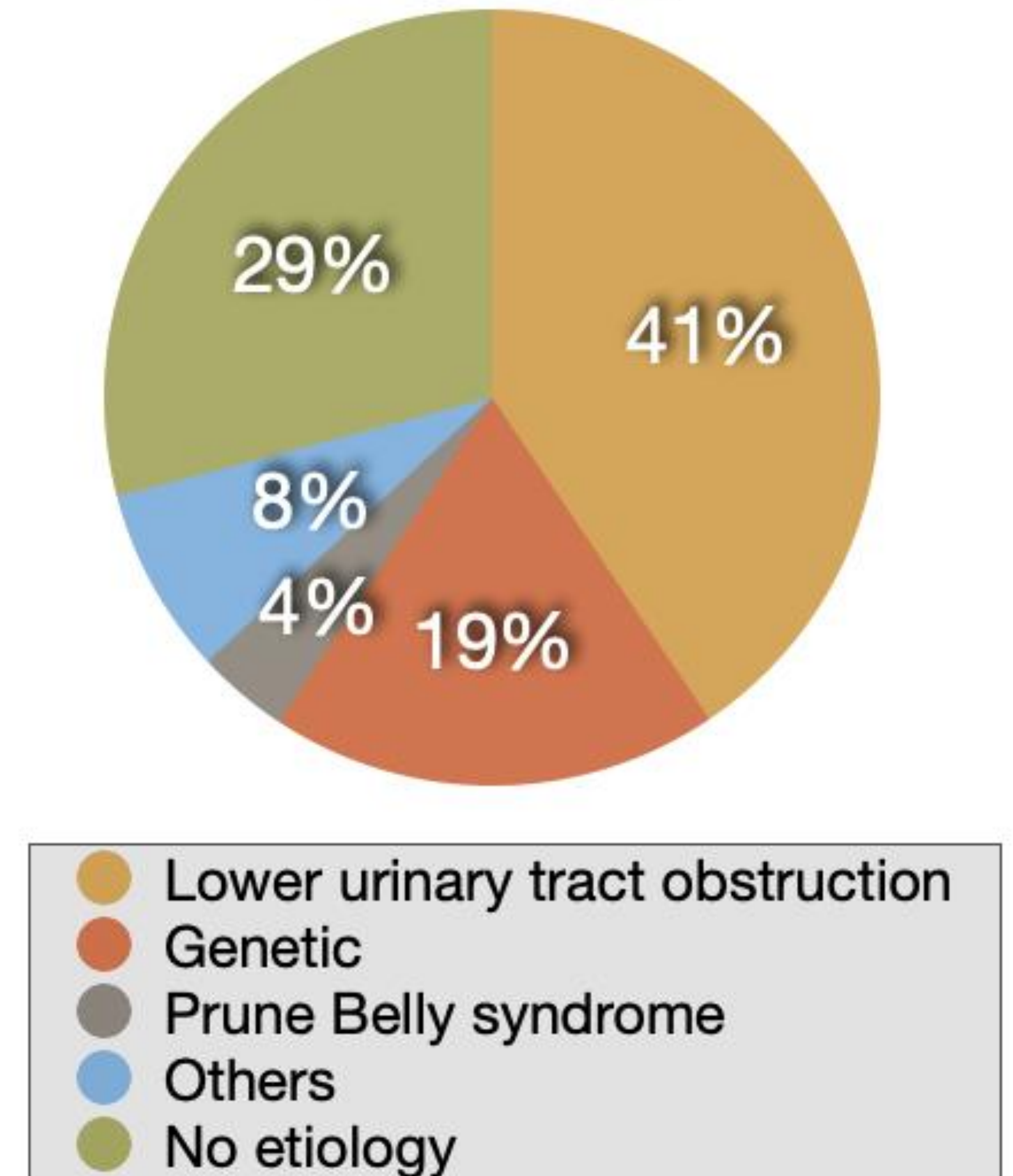


Figure 1. Distribution by etiology.

Intrauterine interventions (n=12)

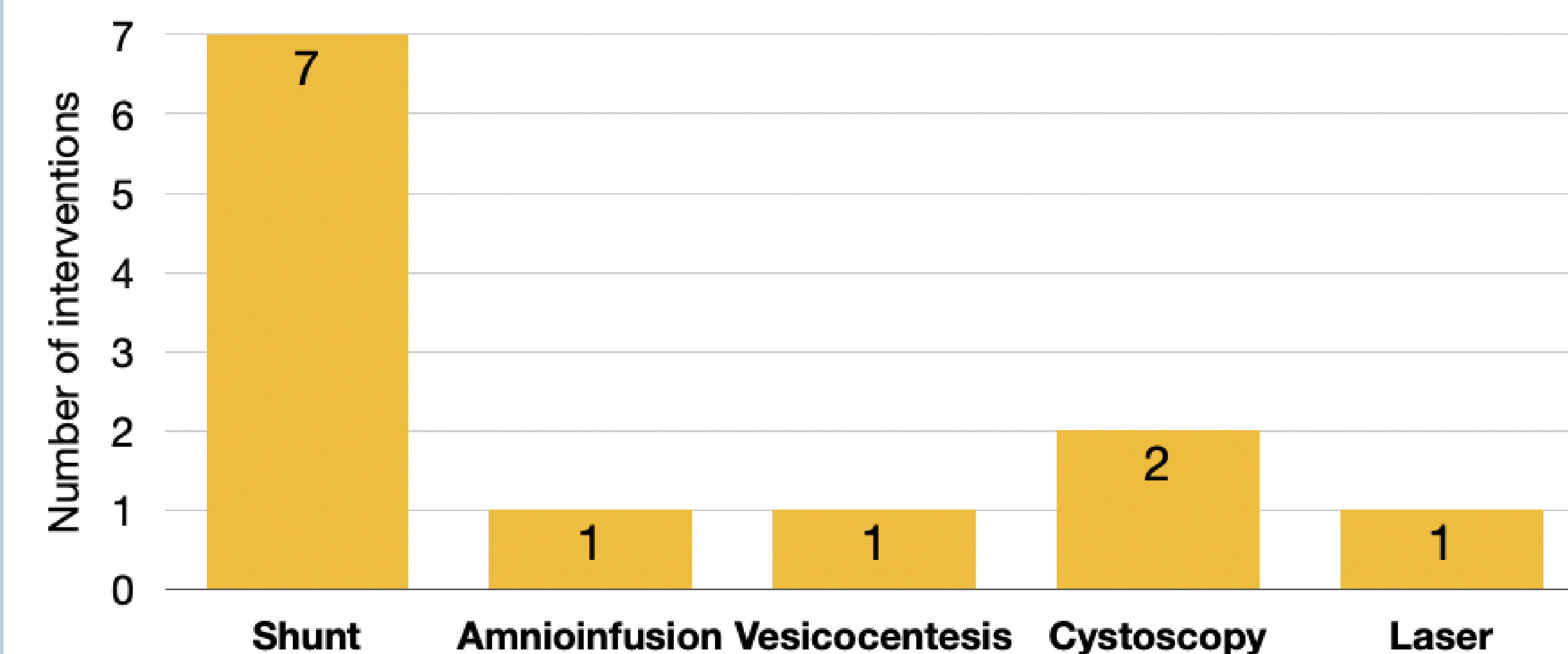


Figure 2. Intrauterine interventions