

EP05.74 Perinatal outcomes in fetuses with lower urinary tract obstruction.

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Objectives:

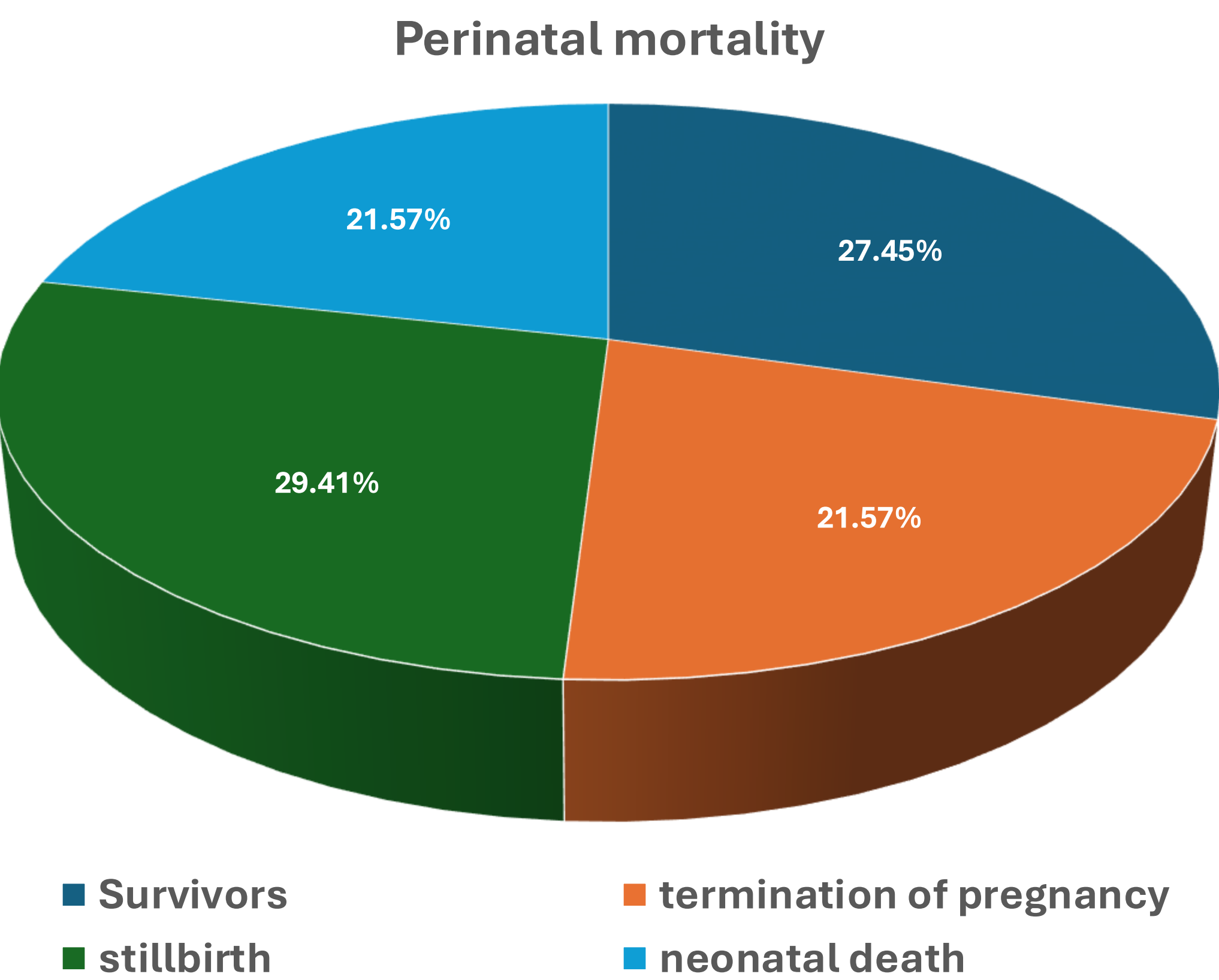
To describe perinatal outcomes in fetuses with lower urinary tract obstruction (LUTO).

Methods:

This is a retrospective, observational, descriptive and cross-sectional study. Clinical records of fetuses diagnosed with LUTO between January 2000 and January 2022 at the Maternal-Fetal Medicine Department of the "Isidro Espinosa de los Reyes" National Institute of Perinatology were reviewed. The main perinatal outcomes were analyzed in both fetuses without prenatal intervention and those who underwent prenatal intervention. Statistical analysis was performed using SPSS v.20.0.

Results:

A total of 51 cases met the inclusion criteria, with a mean gestational age at diagnosis of 23 4/7 weeks. Among them, 11 cases resulted in voluntary pregnancy termination, 14 in fetal death, and 26 were live births. Of the live births, 11 developed prune belly sequence, 20 had renal dysplasia, and 14 had pulmonary hypoplasia. Only 7 cases (13.7%) were candidates for an intrauterine treatment protocol, and just 1 case underwent prenatal surgical treatment.



Protocol for vesicoamniotic shunting in fetuses with LUTO					
	Termination of pregnancy n=11	Fetal death n=14	Live births n= 26	Total n=51	%
Cases eligible for viesicoamniotic shunting	4	1	1	6	11.8%
Cases with vesicoamniotic shunting	0	0	1	1	1.9%
Cases not eligible for vesicoamniotic shunting	7	13	24	44	86.3%



Image of a Harrison catheter placed in the fetal bladder

Conclusions: Fetal LUTO is a severe condition that commonly results in significant perinatal morbidity and mortality. The characteristic prenatal presentation of LUTO includes an enlarged bladder with bilateral obstructive uropathy. While mild forms of the disease result in minimal clinical sequelae, more severe forms often lead to oligohydramnios, dysplastic changes in fetal kidneys, and ultimately, secondary pulmonary hypoplasia. Early detection of LUTO is crucial, as timely multidisciplinary medical and surgical management can reduce complications. However, surgical intervention should be performed following a rigorous selection protocol. Providing comprehensive parental counseling on the risks of morbidity and mortality is essential to support informed decision-making and active participation in postnatal care.