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The role of early detection and multidisciplinary management in vasa previa: a case series of 13 pregnancies

Emma Bertucci, Alessandro Mondini, Francesco Cannistrà,
Marianna Mignano, Filomena G. Sileo

This report presents a series of 12 cases of vasa previa diagnosed at various gestational ages.

Among the cases, 5 were diagnosed with type 1 vasa previa (41.7%), 5 with type 2 vasa previa (41.7%), and 3 with type 3 vasa previa (25%). The cases span a range of gestational ages, from early detection at 17 weeks to late-term diagnosis at 36 weeks. Accompanying complications included intrauterine growth restriction (IUGR), placental abnormalities, and preterm labor. Notably, despite the presence of vasa previa, none of the fetuses showed signs of anemia. Four of the pregnancies (approximately 33%) were conceived via in vitro fertilization (IVF), which is considered a potential risk factor for vasa previa.

While neonatal outcomes were generally favorable, deliveries were often complicated by significant blood loss, requiring interventions such as blood transfusions and post-partum hemorrhage protocols

Conclusion

This case series underscores the necessity of a multidisciplinary approach, with an emphasis on early and accurate diagnosis, close monitoring, and timely intervention to optimize maternal and neonatal health outcomes in pregnancies complicated by vasa previa.



Figure 1. Sonographic appearance of vasa previa on grayscale imaging

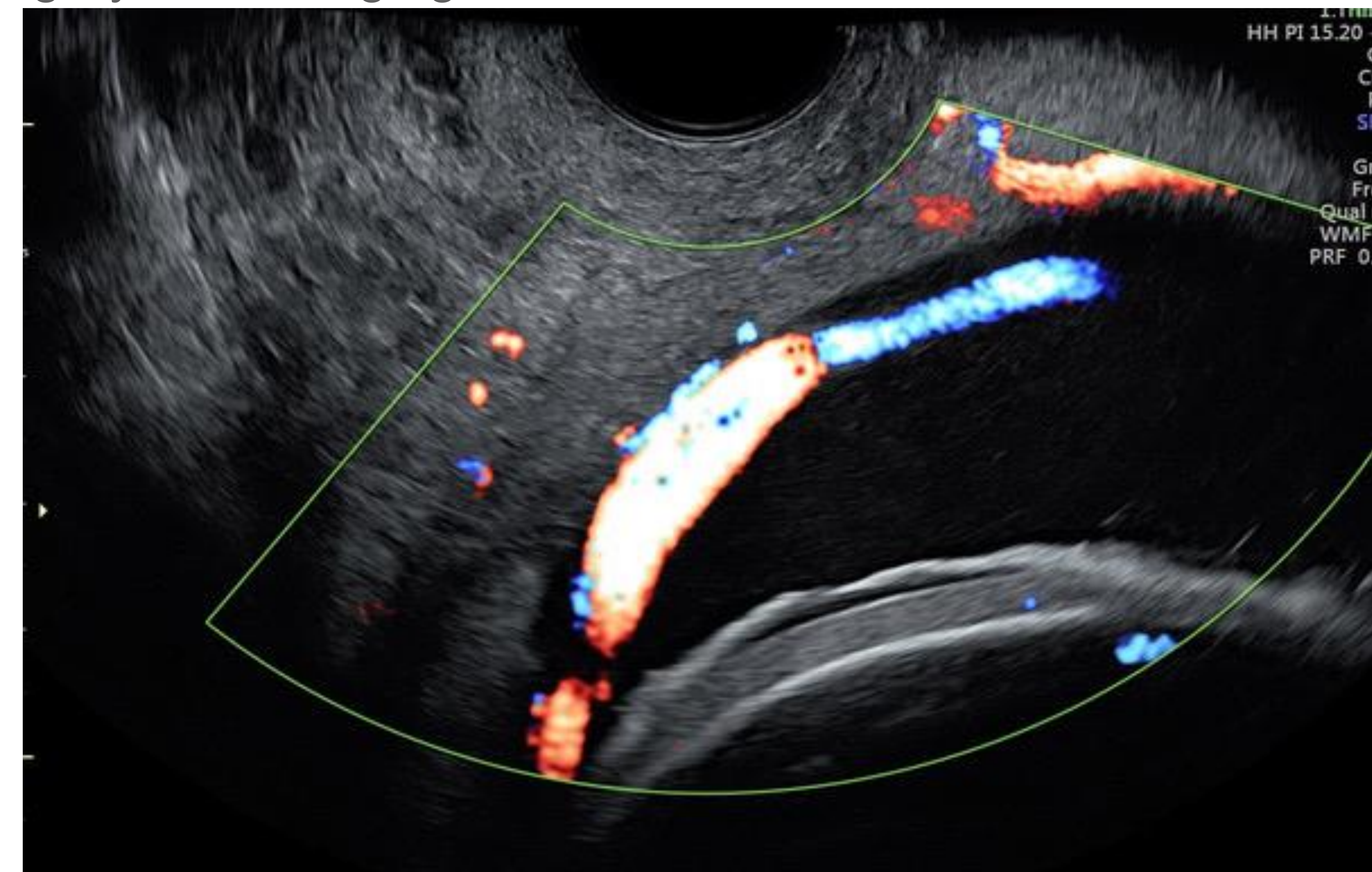


Figure 2. Colordoppler confirm the presence of vasa previa in lower uterine segment