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International Expert Consensus on the Diagnosis and Management of Primary Fetal Pleural Effusion

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Introduction

Fetal pleural effusion is a rare condition that may significantly impact fetal and neonatal outcomes. Currently, no universal standardized approach exists for diagnosing and managing primary fetal pleural effusions. This study aimed to develop structured, expert-based clinical guidelines for the diagnosis, monitoring, management, and follow-up care of primary fetal pleural effusion.

Methods

- A Delphi process was conducted among an international panel of fetal therapy experts, selected based on clinical experience and publications.
- Three anonymous online survey rounds were distributed.
- Statements were rated on a 5-point Likert scale, with opportunities for modification between rounds.
- Consensus was defined as $\geq 70\%$ agreement with no further suggested changes.

Results

- A total of 101 experts participated in round 1; 73 (72%) completed all three rounds.
- Agreement was reached on:
 - 1. Diagnosis:** Ultrasound as the primary tool, with secondary causes excluded by targeted genetic, infectious, and metabolic work-up.
 - 2. Management:** Thoracoamniotic shunting endorsed as the intervention of choice for hydropic fetuses; may be considered from 16 weeks' gestation.
 - 3. Monitoring:** Weekly ultrasound assessment recommended following intervention.
- No consensus was achieved for isolated non-hydropic effusions; management should remain individualized.

Conclusion

Using a structured Delphi approach, we developed the first international, expert-based guidance for primary fetal pleural effusion.

