

EP10.15. Respiratory outcome following thoroacoamniotic shunting for fetal hydrothorax

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Objective

The aim of this study was to assess the outcome of fetuses diagnosed with fetal hydrothorax (FHT) which underwent thoracoamniotic shunting (TAS) in utero, and to investigate the rate of patients requiring any respiratory supports at discharge. We also assessed the antenatal predictors of survival without respiratory morbidity.

Methods

Design: Retrospective cohort study
Objectives: Fetuses who underwent TAS for FHT between 2012 and 2024
Primary outcome: Survival to discharge without respiratory morbidity
Analysis: The crude odds ratios of prenatal factors for primary outcome were calculated using univariate logistic regression analysis.

Results (N=45)

Table 1. Clinical characteristics of patients

	n(%) or median(range)
GA at diagnosis, weeks	27 (18-32)
GA at initial TAS, weeks	29 (20-33)
Bilateral effusions	42 (93)
Bilateral TAS	22 (49)
Hydrops fetalis at diagnosis	42 (93)
Chromosomal abnormality	11 (24)

Conclusions

The rate of survival to discharge of fetus who underwent TAS for FHT was 60% and about 10% of them needed respiratory support at discharge. The GA at delivery was prognostic for survival without respiratory morbidity.

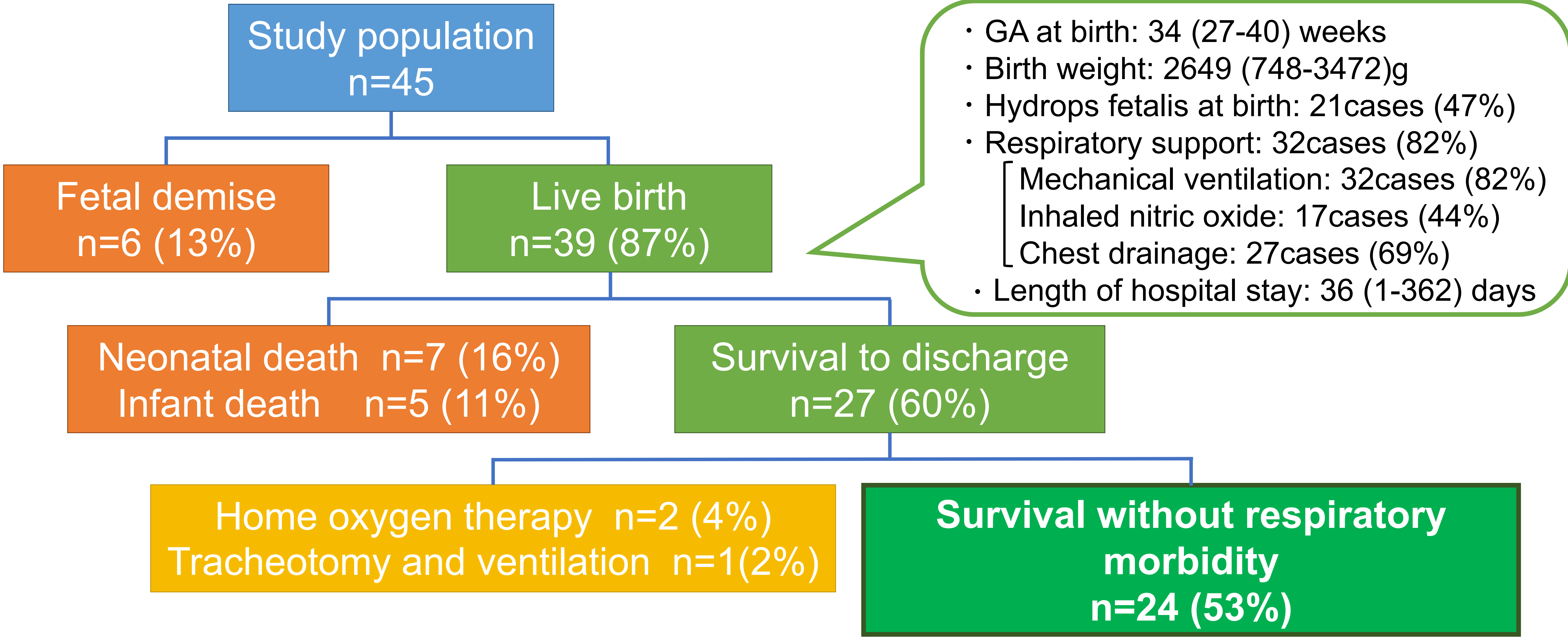


Figure. Outcome of the study population

Table 2. Association between prenatal factors and survival to discharge without respiratory morbidity in live birth patients

	cOR	95%CI	p
GA at diagnosis, per week	1.05	0.91-1.22	0.50
GA at birth, per week	1.46	1.09-1.95	0.01
Hydropic at diagnosis	-	-	-
Bilateral effusions	0.79	0.07-9.50	0.85
Bilateral TAS	0.63	0.17-2.29	0.48
Hydrops fetalis at birth	0.42	0.11-1.62	0.21