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A 42 y.o. woman was referred to a tertiary center at 38+2 weeks for delivery planning because of breech presentation, a previous Caesarean scar, gestational diabetes, and hypertension.

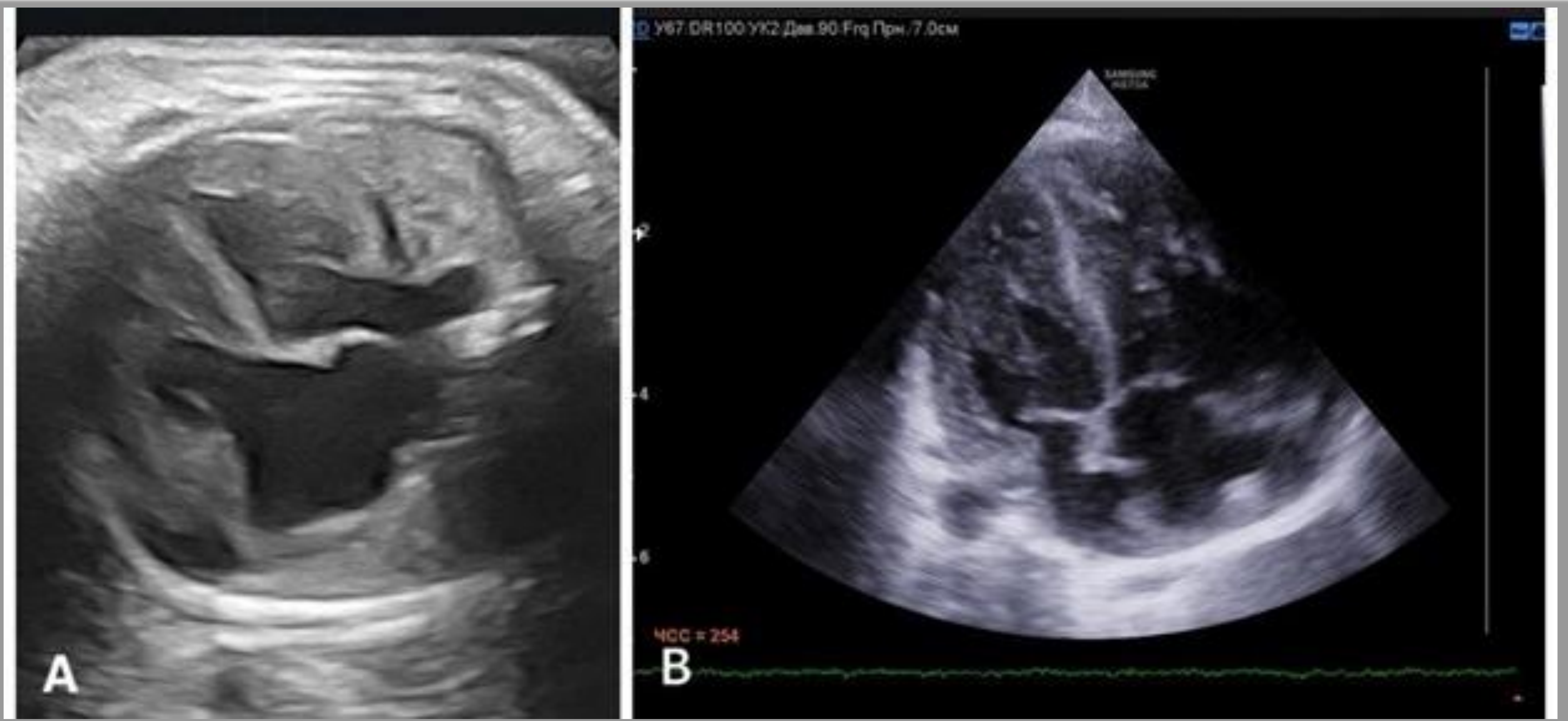
No fetal structural abnormalities had been detected at the 1st and 2nd trimester US.

At admission, US revealed cardiomegaly, absence of the ductus venosus and intrahepatic portosystemic shunt a type 3a (Achiron classification). Elective Caesarean section was performed at 38+4 weeks. A SGA-male infant 2500 g was admitted to the NICU at 4 hours. Postnatal US confirmed the portosystemic shunt and cardiomegaly.

The neonate developed severe hepatic failure, coagulopathy with severe IVH, respiratory and cardiac dysfunction. Exome sequencing revealed no pathogenic variants.

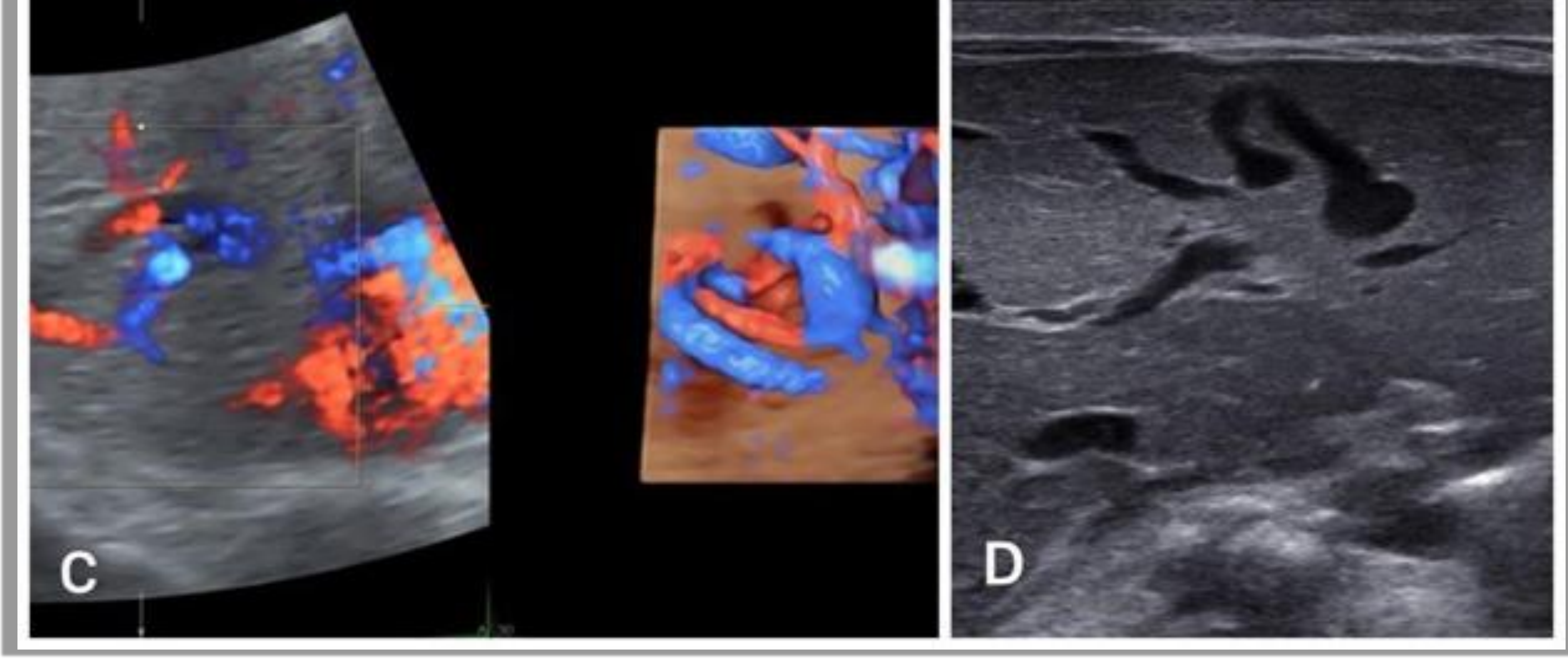
This case highlights the value of advanced prenatal ultrasound in diagnosing fetal venous anomalies.

Prenatal characterization of shunt anatomy is essential for counseling, referral, multidisciplinary care, and neonatal planning.



A. Fetal echocardiography 38+3 weeks, four-chamber view.

B. Neonatal echocardiography on day 1 of life. Cardiomegaly and myocardial hypertrophy.



C. Pregnancy at 38 week 3 days. Intrahepatic portosystemic shunt between the right portal vein and the right hepatic vein in 3D mode with Glass Body rendering.

D. B-mode ultrasound examination of the neonatal liver on the first day of life. Intrahepatic portosystemic shunt between the right portal vein and the right hepatic vein.