

EP05.75 Varix of the intra-abdominal portion of the umbilical vein: report of two cases

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We describe the prenatal diagnosis and management of fetal an intra-abdominal umbilical vein varix made in two patients, who were subsequently followed by the Maternal-Fetal Unit

Case 1: A 34-year-old patient (G2P0A1) underwent obstetric ultrasound at 23 weeks, revealing a focal dilation of the intra-abdominal umbilical vein measuring 8.8 mm, with unidirectional laminar flow. Outpatient surveillance was maintained. At 32 weeks, the patient was hospitalized due to an increase in varix diameter to 11.5mm, the appearance of turbulent flow, and concurrent fetal growth restriction (FGR). Following a complete course of antenatal corticosteroids, a multidisciplinary consensus led to the decision for delivery. A healthy neonate was delivered with an uneventful postnatal course and a normal echocardiogram.

Case 2: A 38-year-old patient (G4P3) was found during a routine biophysical profile at 35 weeks' gestation to have a 10 mm FIUVV. Initial assessment showed unidirectional flow, no evidence of thrombosis, no structural anomalies, and normal fetoplacental Doppler and growth.

During follow-up at 35.5 weeks, Doppler revealed new-onset turbulent flow at the site of dilation. Induction of labor was initiated; however, due to a Category II fetal heart rate tracing with recurrent variable decelerations, a cesarean delivery was performed. A healthy newborn was delivered with a normal echocardiographic evaluation and an appropriate clinical course.

Conclusion

Fetal intra-abdominal umbilical vein varix (FIUVV) is a focal dilation with an estimated incidence of 1:1000. Diagnostic criteria remain inconsistent. While its clinical significance is debated, FIUVV has been associated with chromosomal trisomies (21 and 18), cardiovascular anomalies, and FGR. There is no consensus on the optimal timing of delivery. However, findings such as turbulent flow, suspected thrombosis, growth abnormalities, or signs of cardiac compromise serve as critical indicators for intervention.

CASE 1

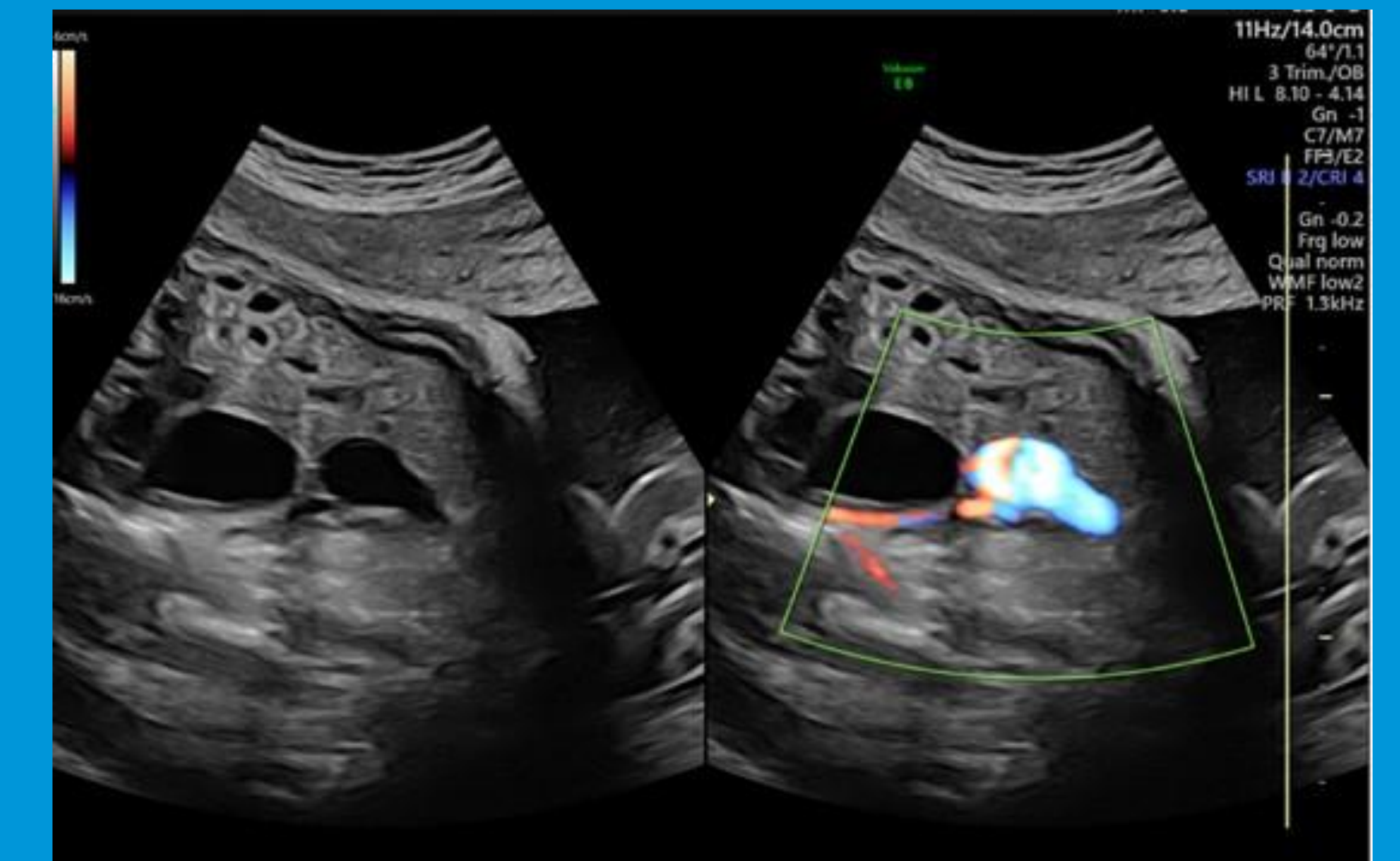


Figure 1. Focal dilation of the intra-abdominal umbilical vein at 23 weeks

CASE 2

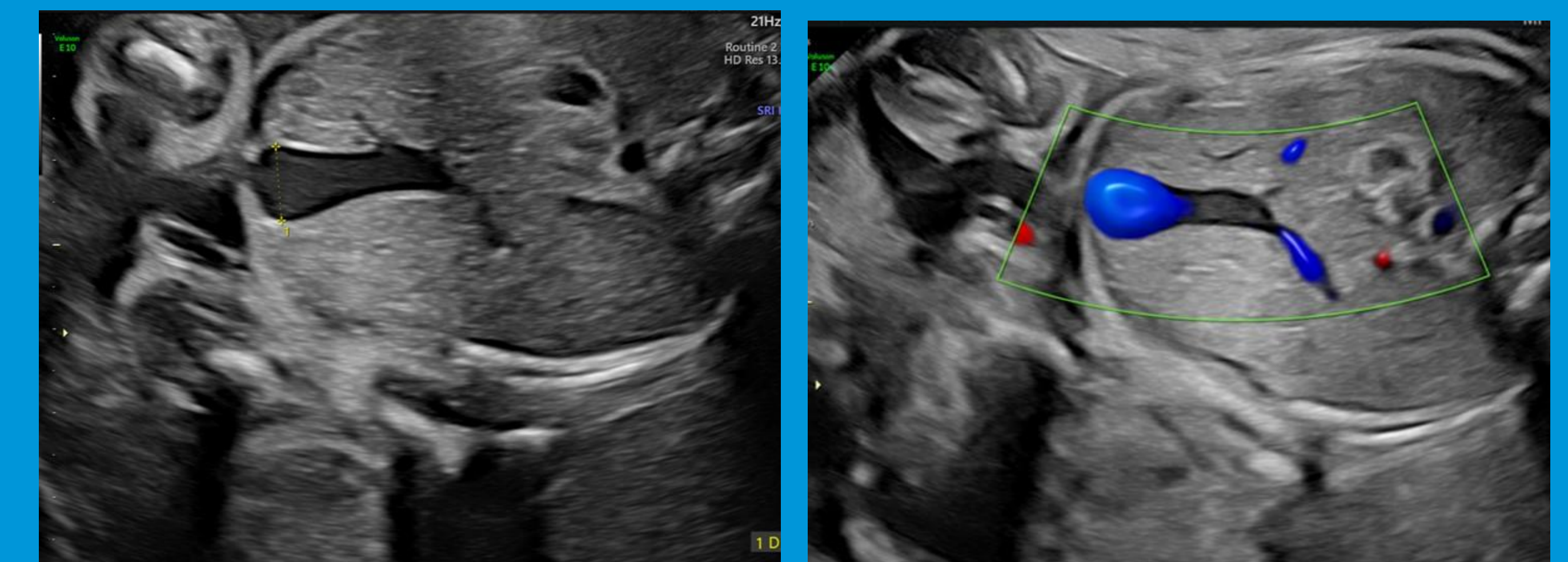


Figure 2. A 35 weeks pregnancy affected with an intraabdominal umbilical vein varix