

EP08.104. Late prenatal diagnosis of transposition of the great arteries at 35 weeks: challenges for perinatal management

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Introduction

Transposition of the great arteries (TGA) is a critical congenital heart disease characterized by ventriculoarterial discordance and parallel systemic and pulmonary circulations.

Case Presentation

A 27-year-old primigravida from Palmas, Brazil, had an initially uneventful pregnancy, with no abnormalities identified on first- and second-trimester morphological ultrasound.

Discussion

Transposition of the great arteries (TGA) may remain undetected during routine prenatal screening, particularly when systematic assessment of the fetal outflow tracts is limited. In this case, TGA was diagnosed only at 35 weeks despite previously unremarkable morphological examinations, requiring urgent referral and multidisciplinary perinatal planning. The late diagnosis, combined with limited regional access to pediatric cardiac surgery, increased the complexity of neonatal management. Although timely postnatal intervention was achieved, severe infectious complications ultimately led to an unfavorable outcome.

Conclusion

This case highlights the importance of systematic fetal cardiac screening, with careful assessment of the four-chamber view and outflow tracts, for early detection of TGA. Prenatal diagnosis enables appropriate multidisciplinary planning, coordinated delivery, and immediate neonatal intervention, which are particularly important in regions with limited access to specialized pediatric cardiac care.

PERINATAL COURSE – TIMELINE

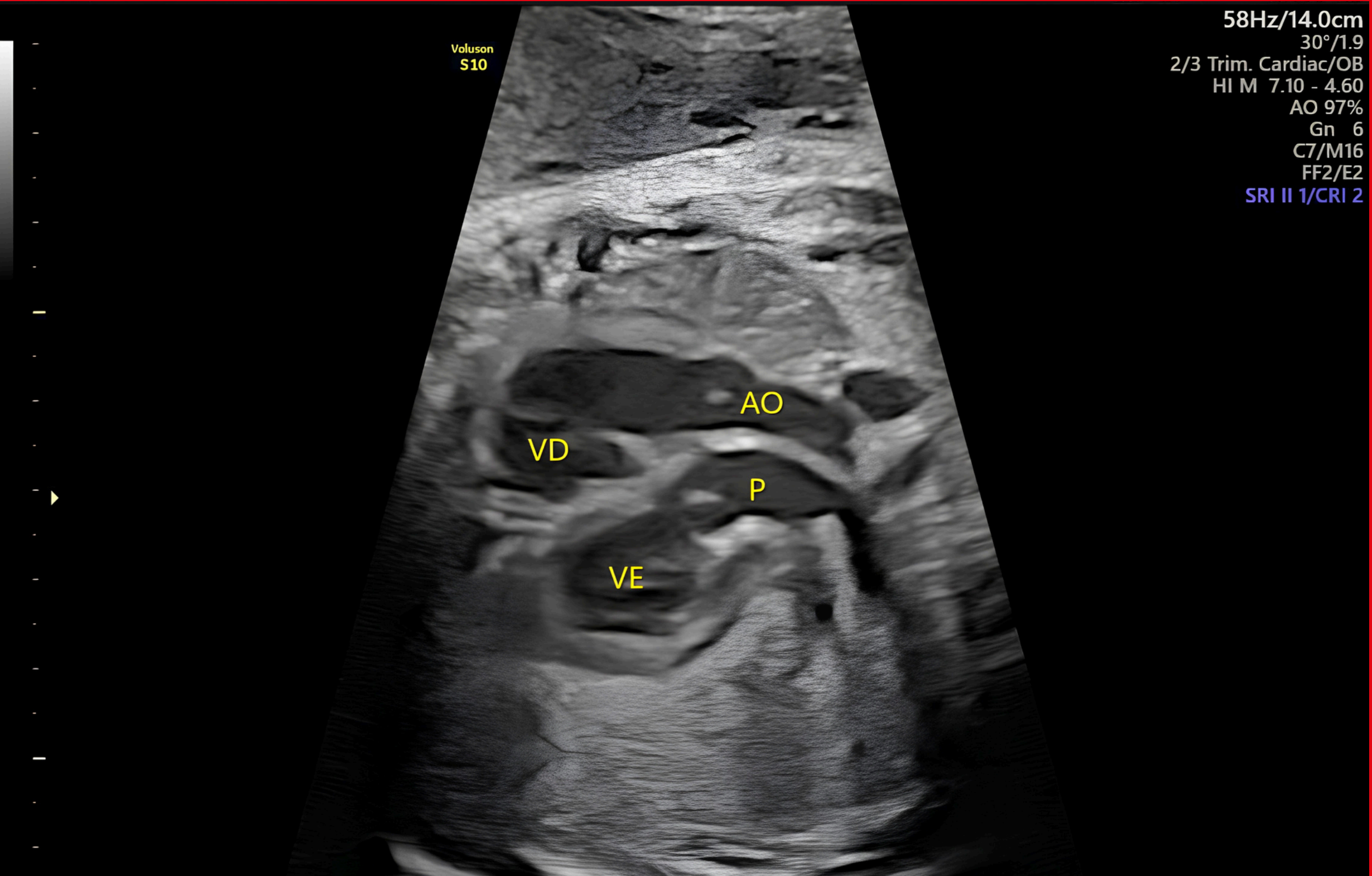
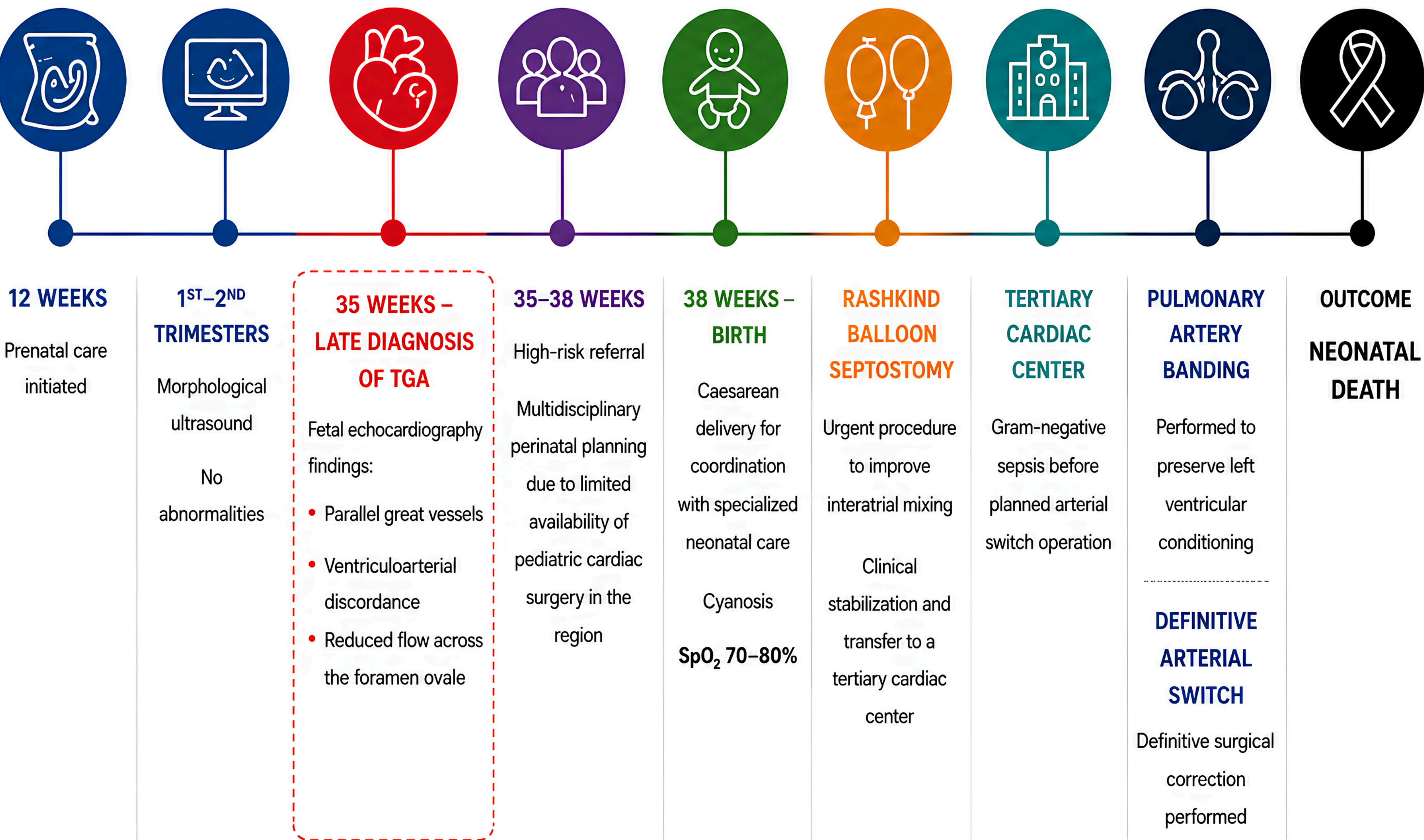


Figure 1. Outflow tract view showing alignment of the aortic and pulmonary valves, a classic finding of TGA.

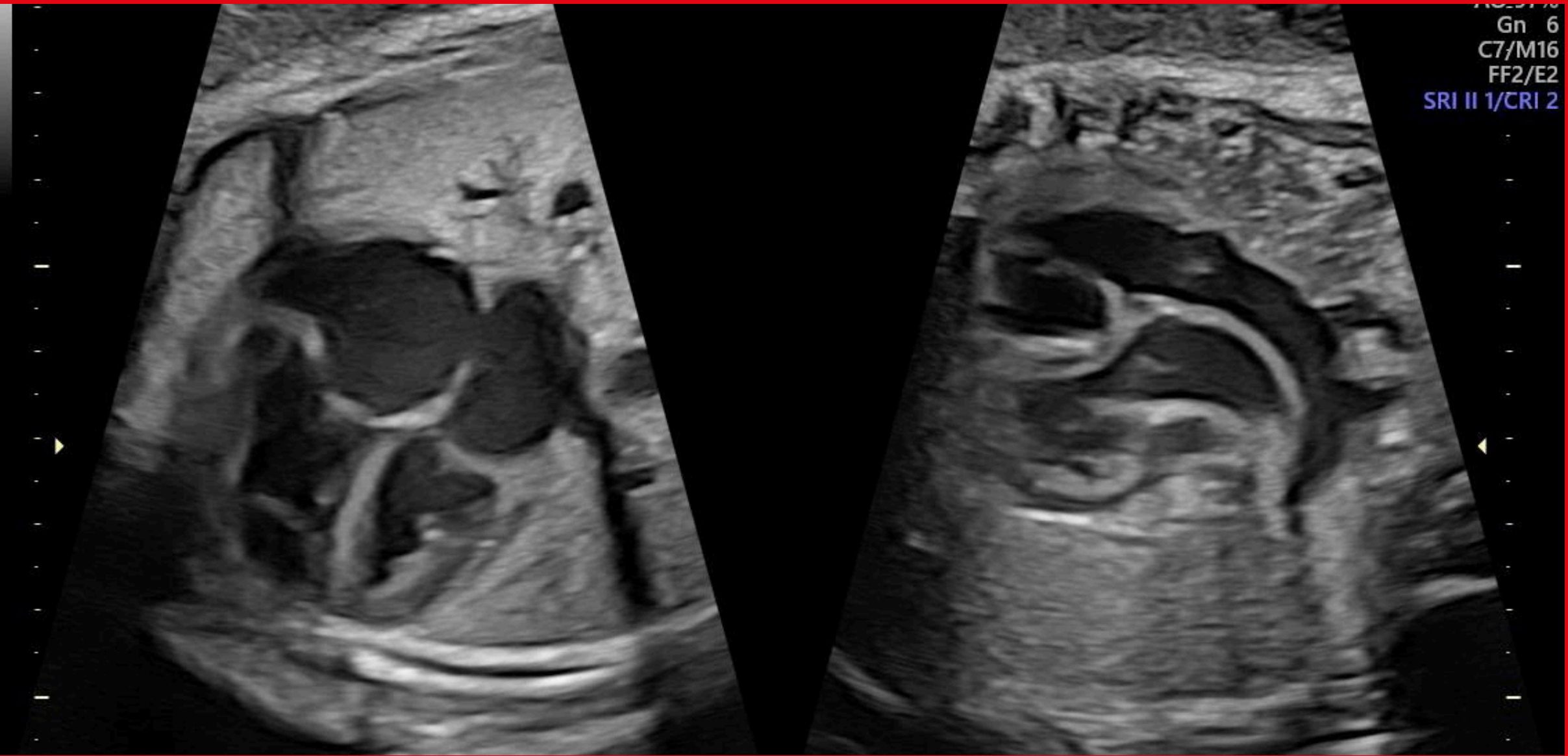


Figure 2. Normal four-chamber view (lower image), with the outflow tract view (upper image) demonstrating alignment of the aortic and pulmonary valves and the transverse aortic arch.



Figure 3. Doppler three-vessel and trachea view demonstrating an abnormal single arterial vessel, corresponding to the aorta.

