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Fetal pericardiocentesis as a bridge to survival in congenital intrapericardial diaphragmatic hernia: first reported Latin American case.

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Introduction

Congenital intrapericardial diaphragmatic hernia (CIDH) is an exceptionally rare and potentially lethal central tendon defect, characterized by herniation of abdominal viscera into the pericardial sac, leading to massive effusion, cardiac tamponade and pulmonary hypoplasia.

Evidence guiding prenatal intervention is extremely limited. We report the first case from Latin America demonstrating successful physiology-driven fetal intervention with favorable outcome.

Methods

At 28 weeks' gestation, a fetus was referred with severe pericardial effusion.

Advanced ultrasound identified intrapericardial liver herniation and critical cardiac compression consistent with CIDH.

At 31 weeks, a targeted ultrasound-guided pericardiocentesis was performed, draining 40 cc of fluid.

Results

The procedure resulted in immediate cardiac decompression.

Sustained hemodynamic stabilization allowed pregnancy prolongation to 38 weeks, when delivery was achieved by cesarean section in a tertiary care setting.

Postnatal CT at day 7 confirmed intrapericardial hepatic herniation.

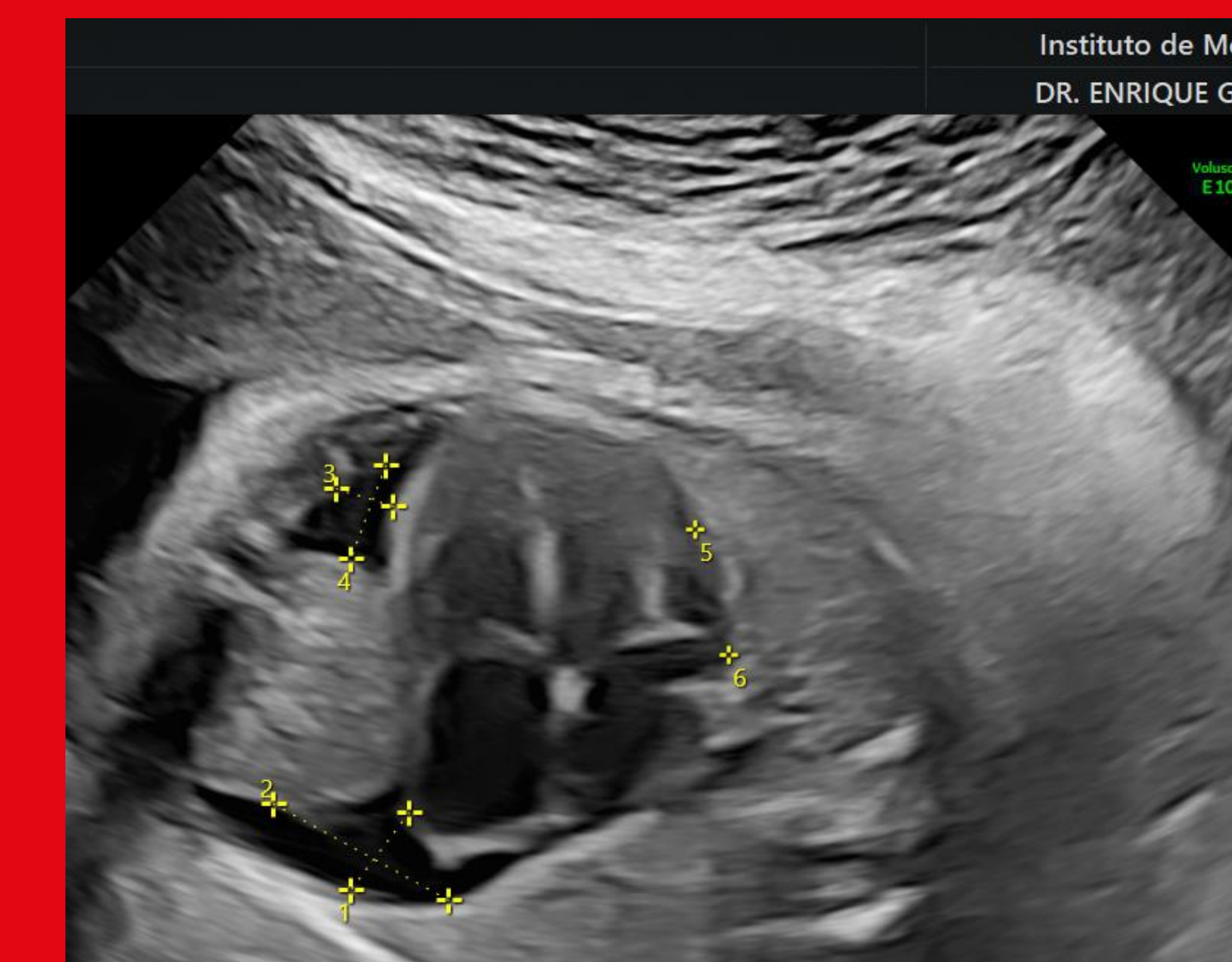
Definitive surgical correction at 30 days of life was successful, with excellent postoperative evolution. Genetic testing revealed mosaic karyotype (89% 46,XX; 11% tetraploidy).

Conclusion

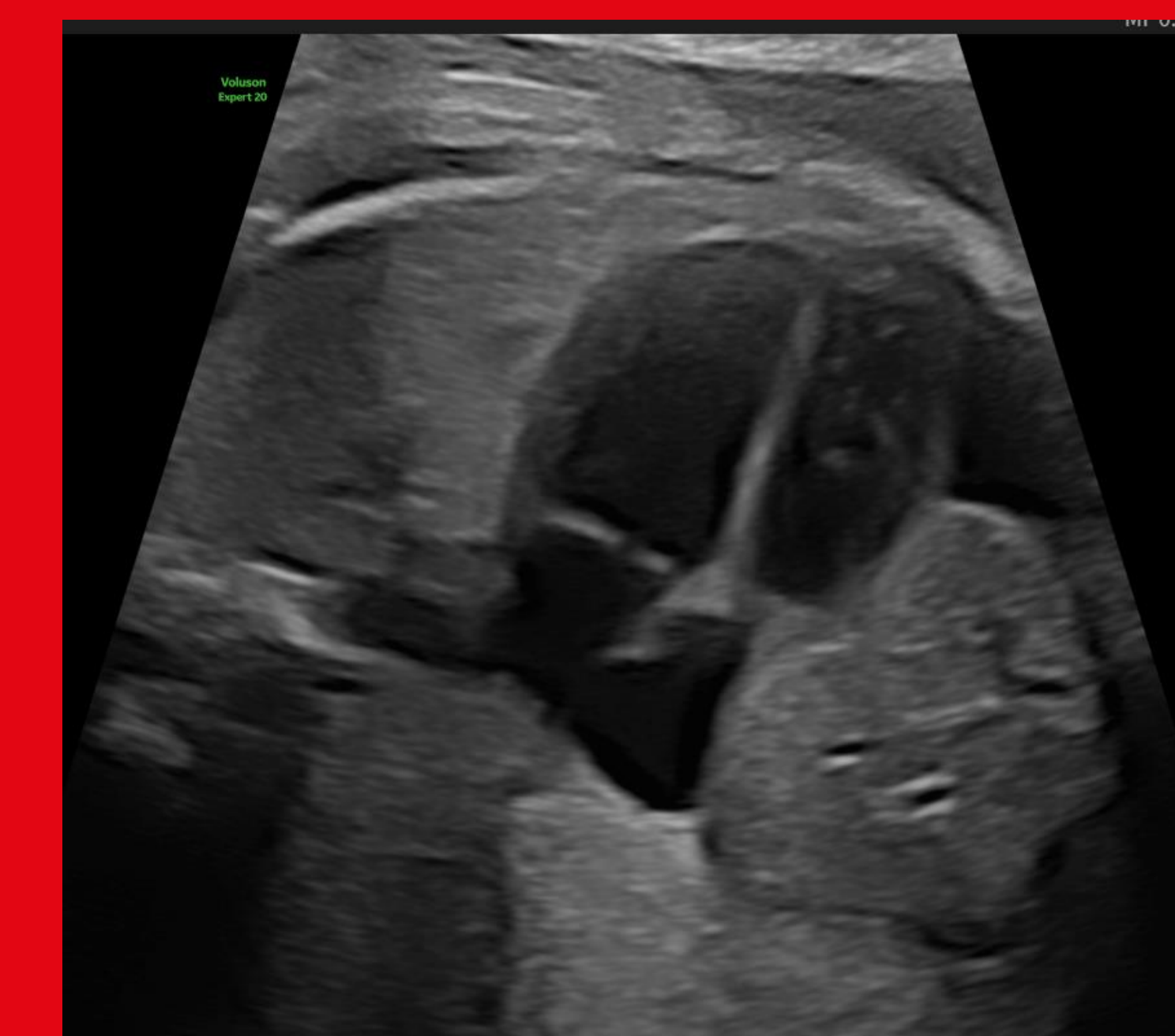
This case illustrates that fetal pericardiocentesis can act as a critical bridge-to-survival intervention in CIDH, transforming a life-threatening in utero condition into a surgically correctable postnatal disease.



Figure 1. CIPDH diagnosed at 28 weeks.



Figures 2 & 3. At 31w, fetal pericardiocentesis was performed.



Figures 4 & 5 US control at 33 w. and confirmatory neonatal surgery at 30 days of life.