

EP14.56 Vasa previa: Case series

Juan D. Hernández ³, German C. Torres ^{1,2}, Clara Alvarado ^{1,2}, Diana A. Alfonso ^{1,2} Andres Camacho ¹, German Ruiz ^{1,2}, Melissa Sierra ¹, Rodrigo C. Baquero ² Marco A. Duque ^{1,2} // 1. Clinica El Country, 2. Clinica La Colina, 3.Universidad del Rosario. Bogotá, Colombia.

Vasa previa is a rare but potentially catastrophic obstetric condition characterized by unprotected fetal vessels traversing the membranes over or within 2 cm of the internal cervical os. In the absence of a prenatal diagnosis, fetal mortality can reach 60%, whereas early detection reduces it to less than 10%. Despite international recommendations for screening via Doppler ultrasound, optimal management strategies remain a subject of debate.

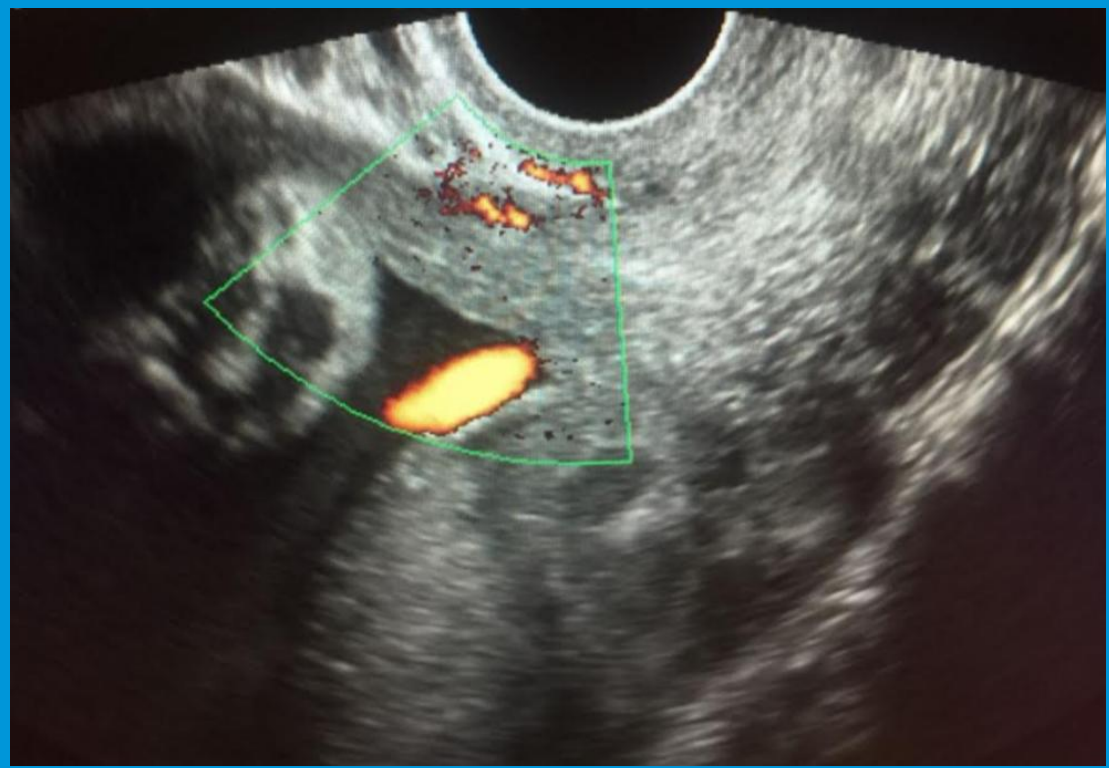
We conducted a retrospective case series of eight patients with a prenatal diagnosis of vasa previa managed at two tertiary hospitals in Bogotá, Colombia. Diagnosis was established using transvaginal ultrasound with color Doppler, followed by standardized antenatal surveillance and planned delivery.

Eight cases of vasa previa were identified, including one twin pregnancy and one conceived via IVF; the mean maternal age was 35 years. Diagnosis was achieved as early as the 12–15 week scan in some instances. Most patients were admitted for inpatient surveillance between 29 and 34 weeks.

Planned cesarean delivery was performed between 31 and 36 weeks, tailored to clinical progression. Two cases required emergency cesarean section due to acute fetal compromise, both resulting in neonatal death. The remaining cases yielded favorable perinatal outcomes. Associated placental abnormalities included bilobed placenta and succenturiate lobes.

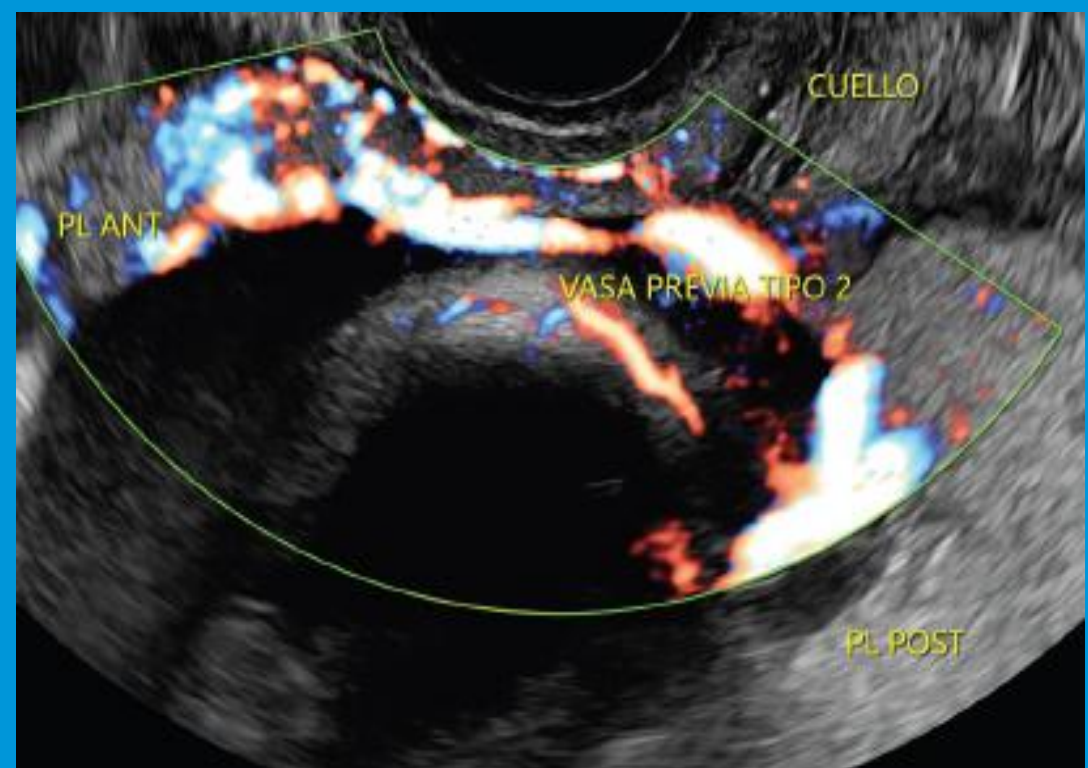
Conclusion

Prenatal diagnosis of vasa previa using Doppler ultrasound facilitates timely surveillance and scheduled delivery, significantly improving neonatal survival. Screening for placental cord insertion site is a simple, time-efficient practice that enhances detection rates. However, further evidence is required to establish standardized global screening and management protocols.

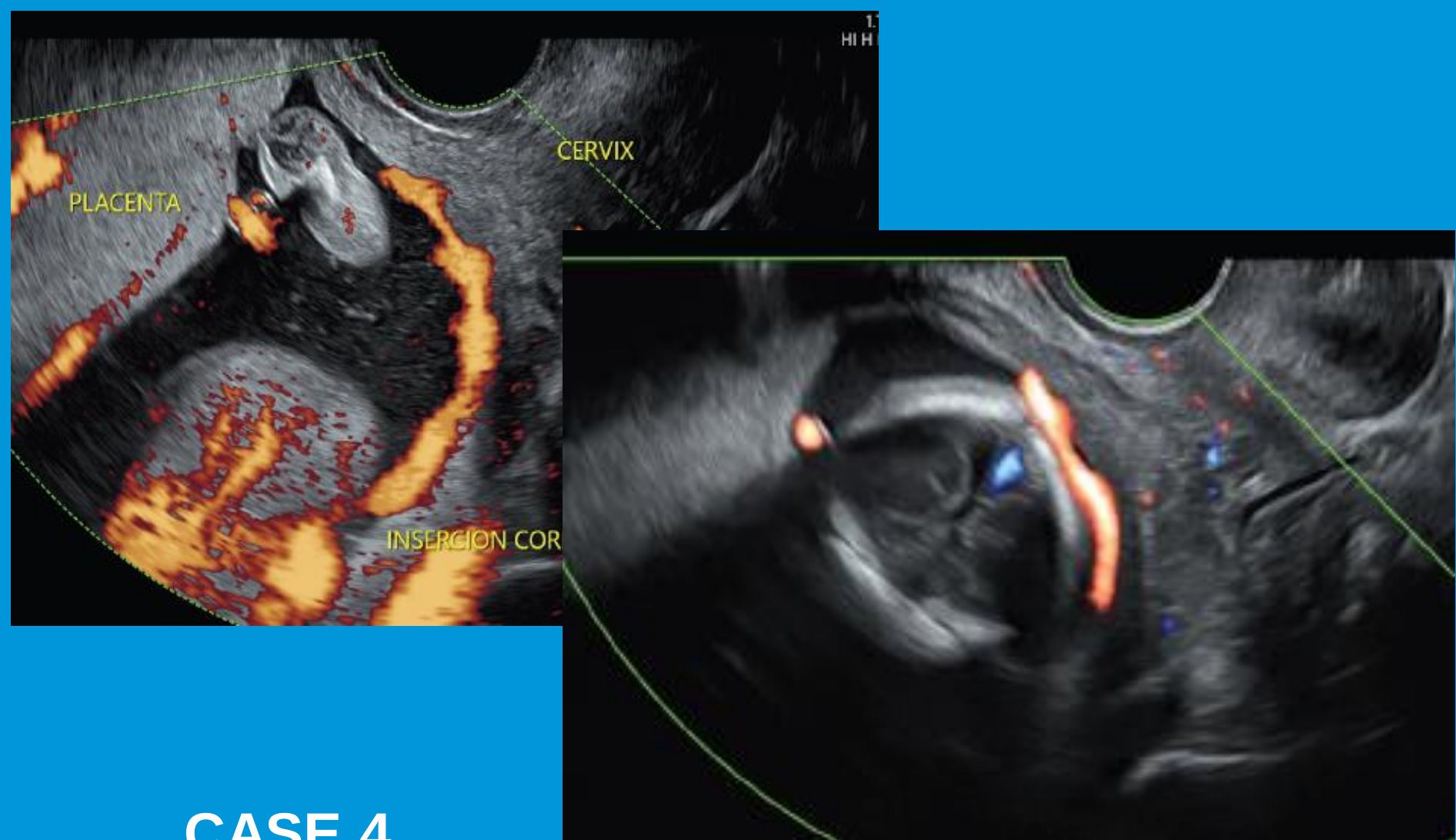


CASE 1
Figure 1: Doppler US showing vessel in proximity to OS
Figure 2: Placenta with exposed vessel previously detected via US

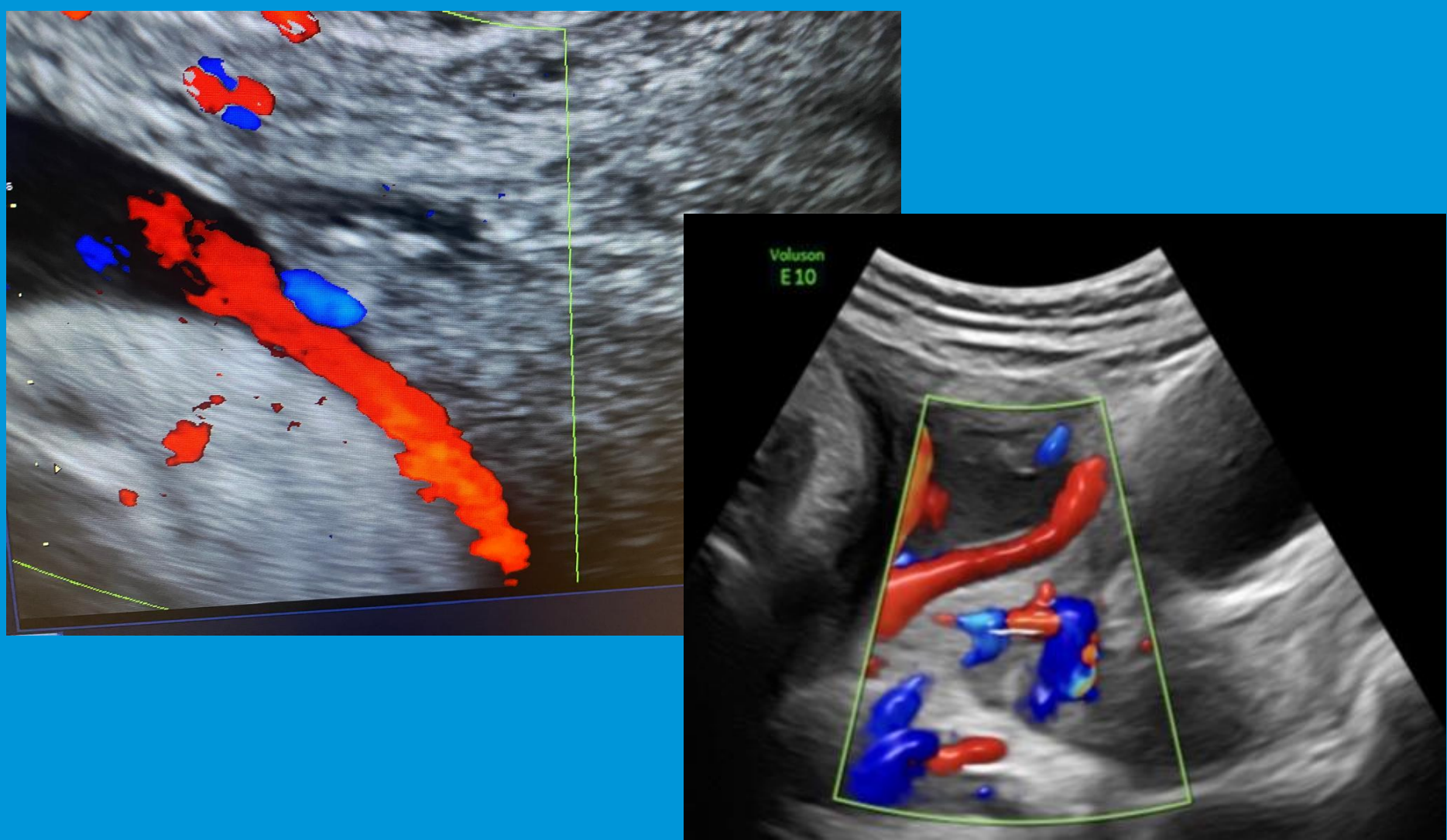
CASE 2
Figure 3: Doppler US showing vessel in proximity to OS below fetal presentation. **Figure 4:** Postnatal evidence of two placental lobes.



CASE 3
Figure 5: Umbilical vessels near OS and connecting two placental lobes. **Figure 6:** Postnatal evidence of two placental lobes with exposed vessel.



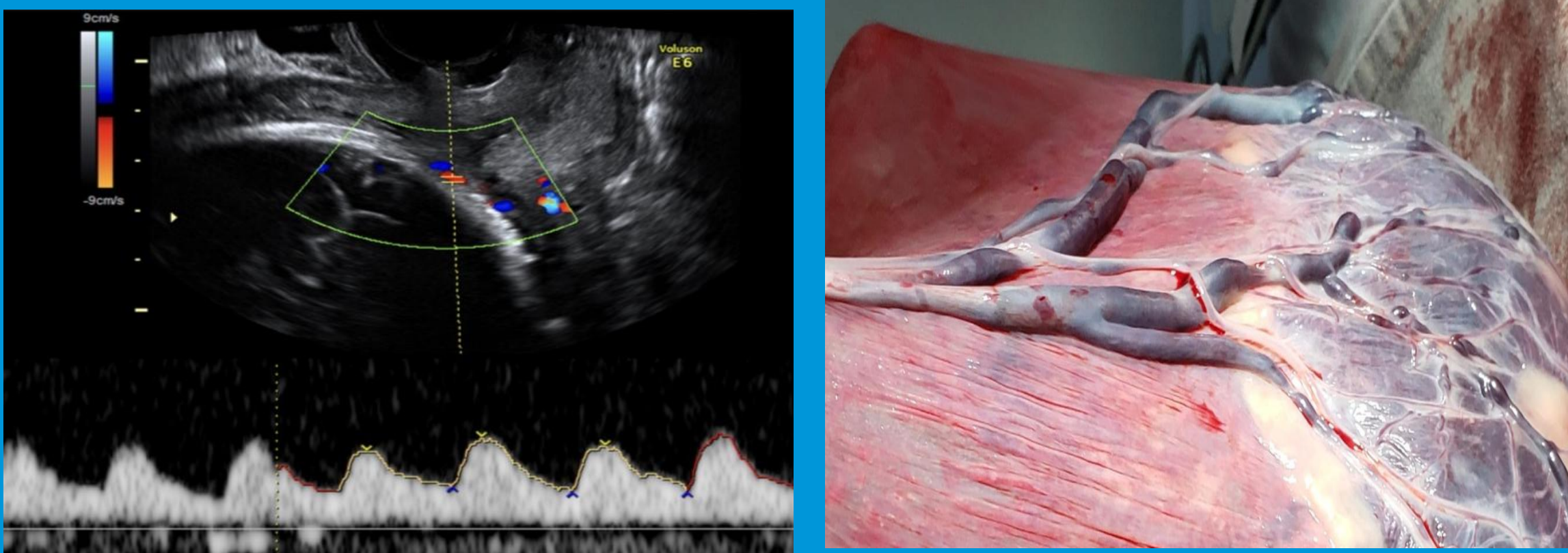
CASE 4
Figures 7 and 8: Doppler ultrasound showing exposed vessel in proximity to internal cervical OS at 17 and 22 weeks



CASES 5 and 6
Figures 9 and 10: Doppler ultrasound showing exposed vessel in proximity to internal cervical OS at different gestational ages



CASE 7
Figure 11: Placenta with exposed vessel previously described via US.



CASE 8
Figure 12: Doppler US showing vessel in proximity to OS at 30.5 weeks. **Figure 13:** Placenta with exposed vessel previously detected via US.