

SPONTANEUS RESOLUTION OF iNON-IMMUNE FETAL HYDROPS: CASE REPORT

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OBJECTIVE: to present a case of a NIHF without any structural anomalies, genetic abnormalities or viral infections.

Patient	Ultrasound		Delivery	Result	
22 years old G₂P₀C₁ 33 week 6 days TORCH – neg Hepatitis – neg O(I) Rh + PV B-19 PCR – neg, IgG – positive, IgM – negative FXN gene mutation carrier (like husband; consanguineous marriage)	First trimester screening – N Amniocentesis in 15 week (due to FXN gene mutation) – normal karyotype + FXN GM carrier Second trimester screening – N	32 week + 6 days Fetal ascites Fetal hydrocele MCA PSV – 44,27 cm/s (0.9 MoM)	33 week + 6 days Fetal ascites Fetal hydrocele Skin oedema Facial oedema Min. pericardial effusion MCA PSV – 46 cm/s (0.9 MoM)	34 week + 1 days Emergency cesarean section for decreased fetal movements Male fetus 2140 g, 44 sm Apgar score – 4/6 HGB – 12.6 g/dl PV B19 PCR - neg	Spontaneous total resolution of ascitic fluid in 1 month: The newborn was managed in the NICU for 2 days with CPAP support and was discharged home in stable condition after 12 days of hospitalisation

Conclusion: Currently the ethiology of NIHF is uncown in some cases. This groups of patients is classificated as a isolated NIHF. In contrast with immune fetal hydrops, NIHF have a good prognosis.

