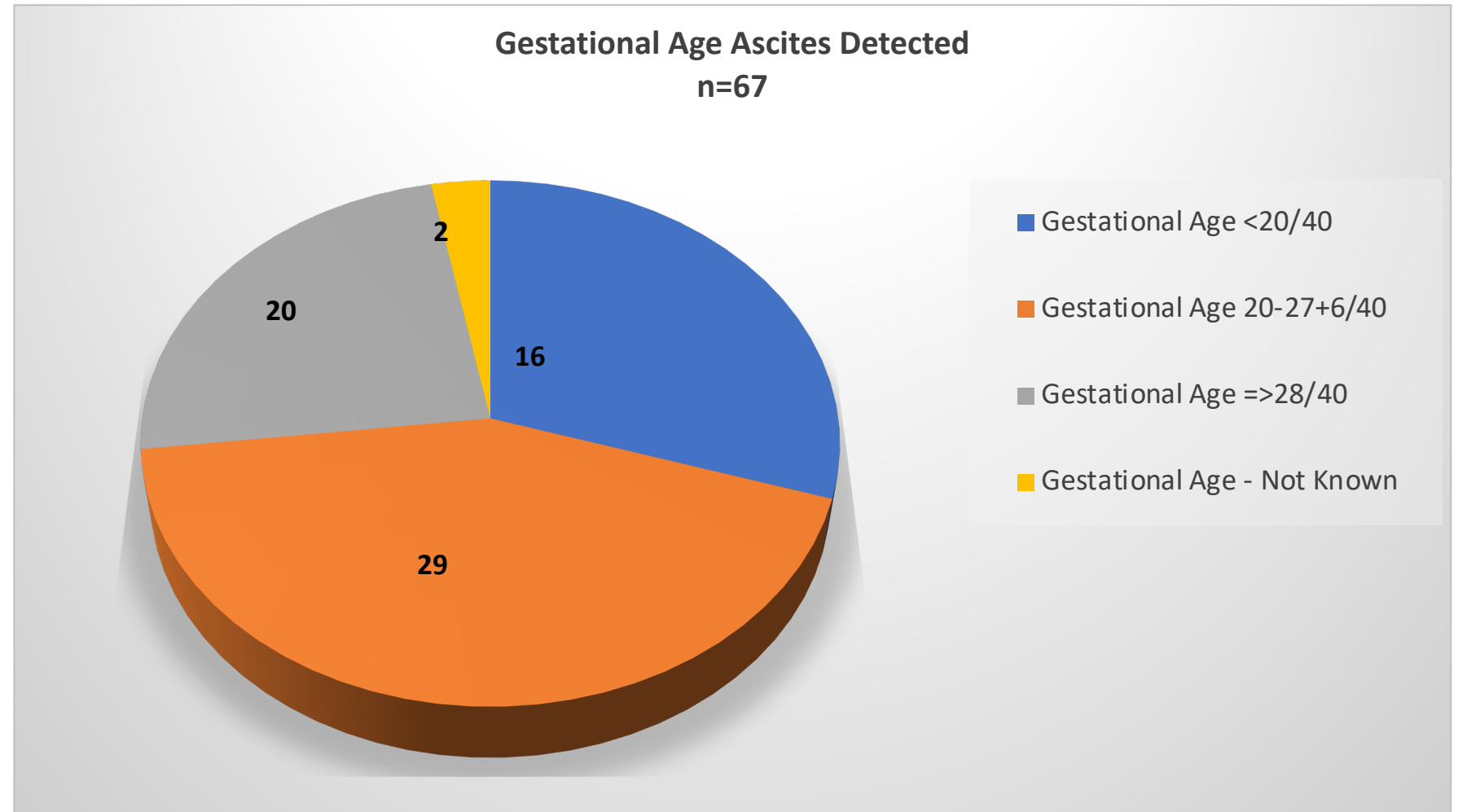
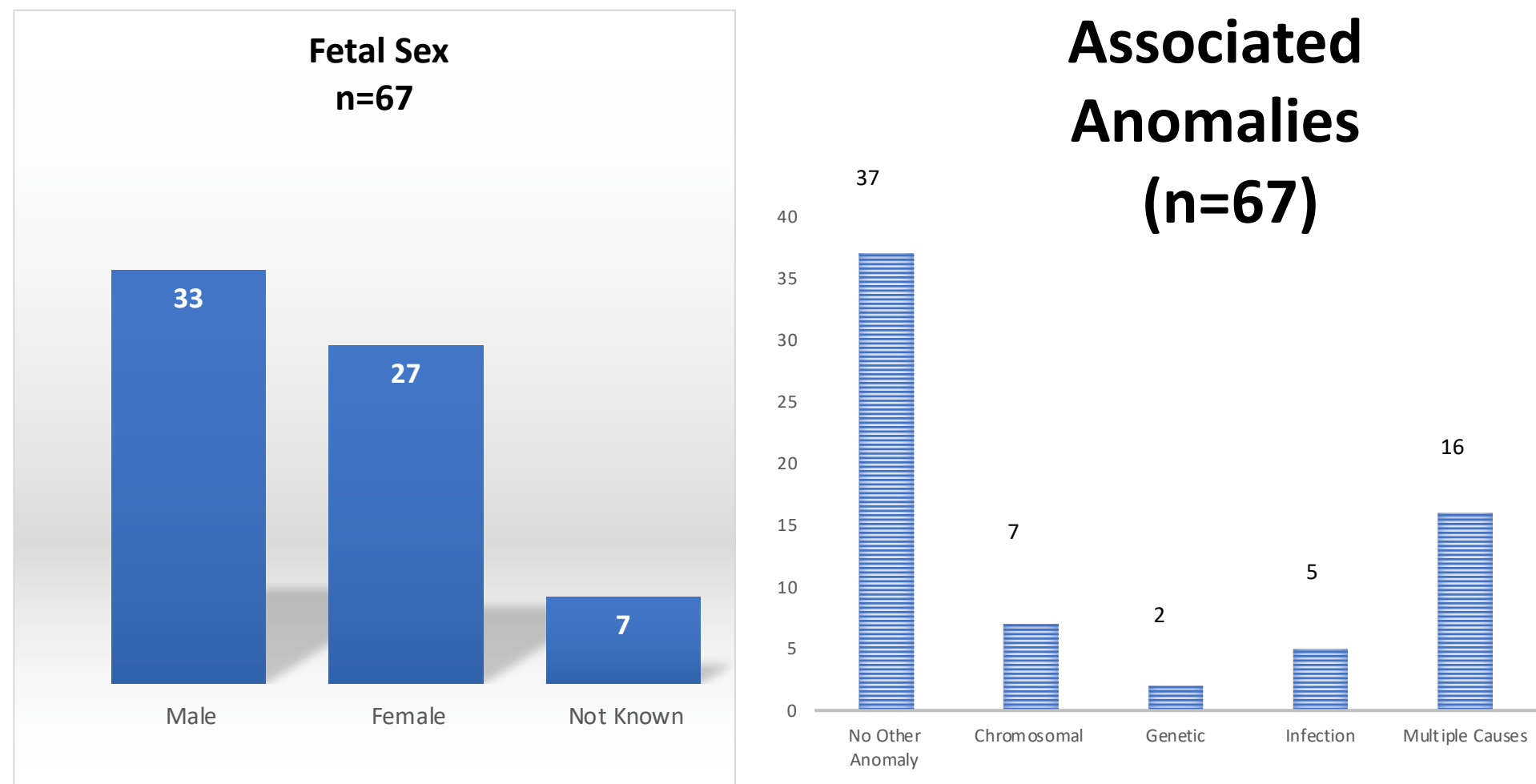
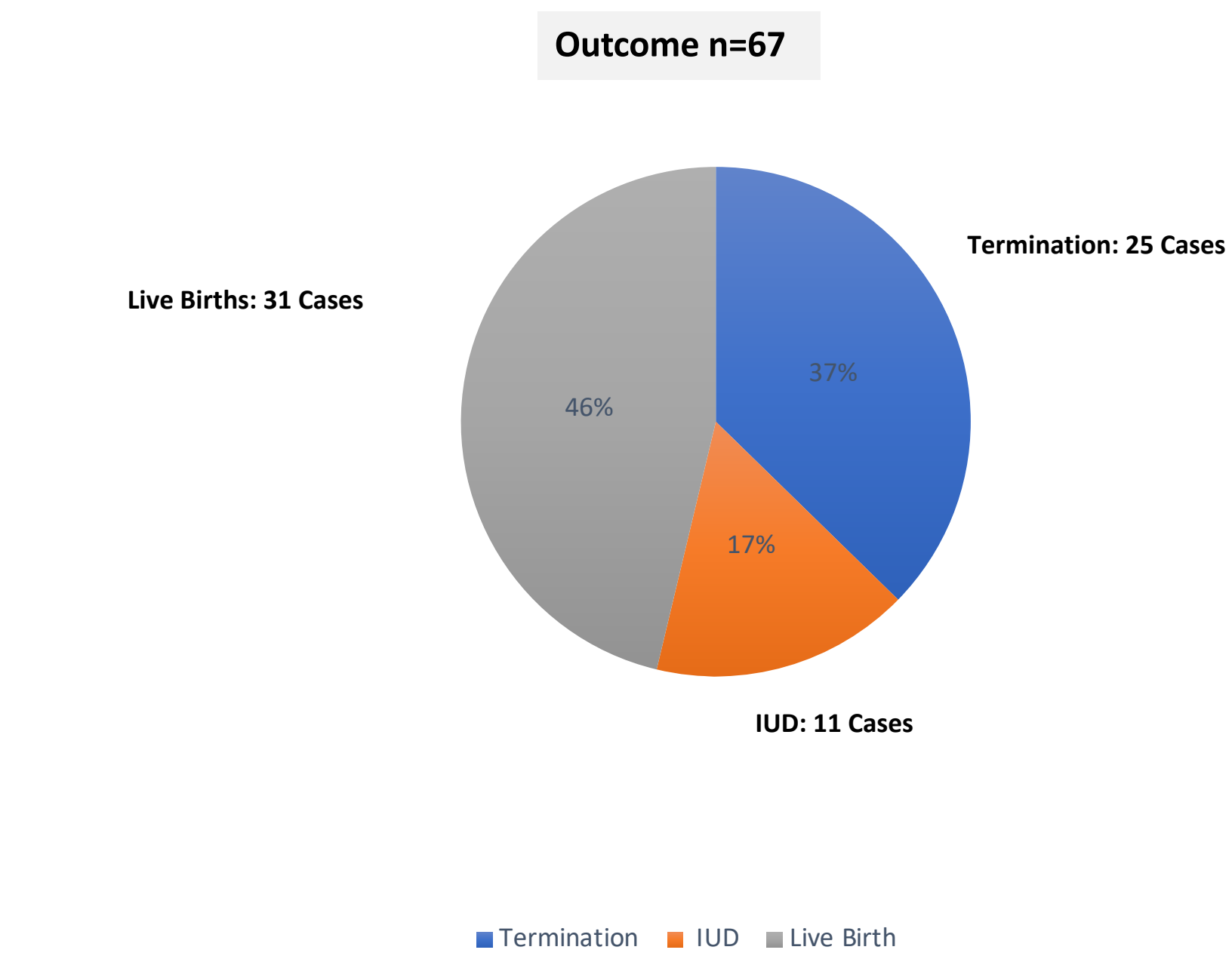


Fetal
ascites



Isolated Fetal Ascites in Wales 1998-2019

Odai Yaghi, David Tucker, Margery Morgan

Congenital Anomaly Register for Wales - CARIS

Background

Fetal ascites is an abnormal fluid collection in the fetal peritoneal cavity, and it is often the first finding in hydrops fetalis.

Hydrops fetalis (fetal hydrops) is defined as abnormal accumulation of fluid in two or more fetal compartments. This can include ascites, pleural effusion, pericardial effusion or skin oedema.

Causes of Fetal Ascites

- Abnormal lymphatic drainage
- Obstruction of venous return due to a thoracic lesion
- Cardiac failure
- Decreased plasma oncotic pressure seen in fetal anemia, hepatic insufficiency (storage disease) or congenital nephrosis
- Increased capillary permeability
- Urinary tract obstruction
- Meconium peritonitis
- Chromosomal anomalies
- Intrauterine infection

Methodology

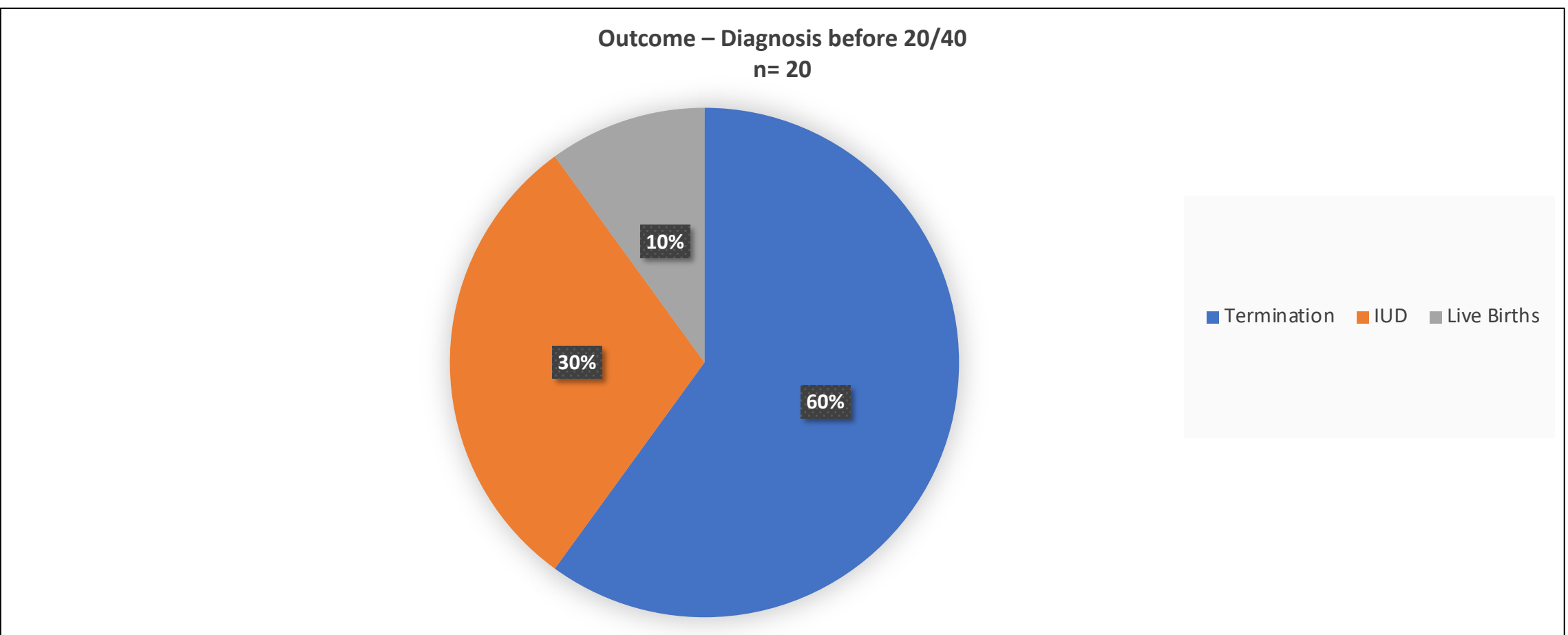
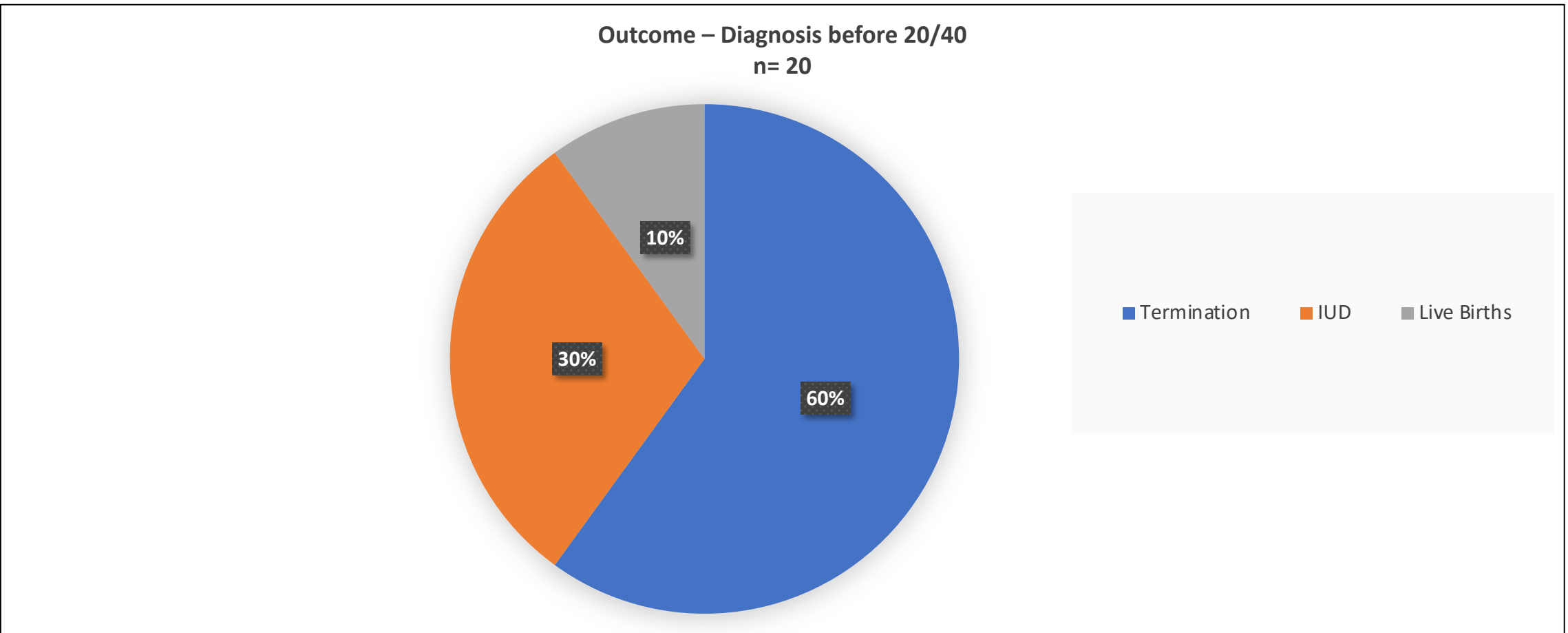
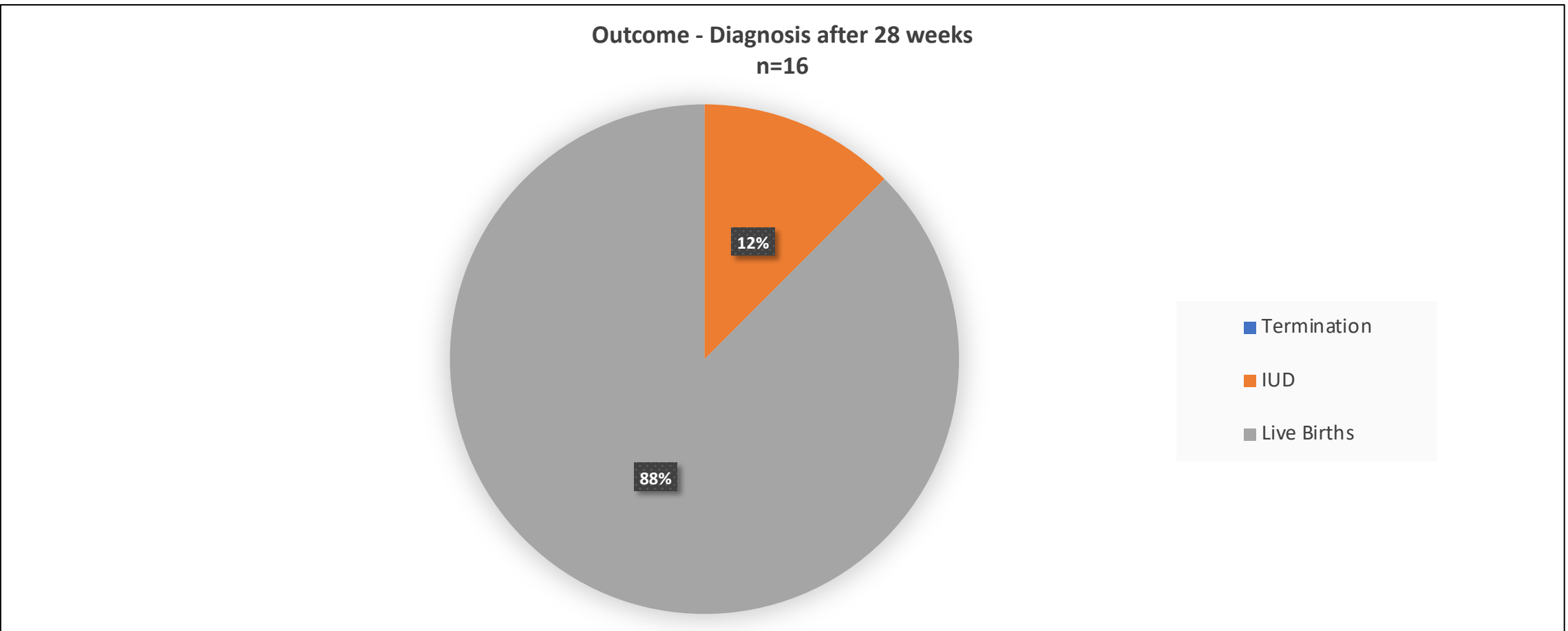
- Retrospective review of CARIS data in Wales
- Period of review: 22 years (1998-2019)

Results and Conclusion

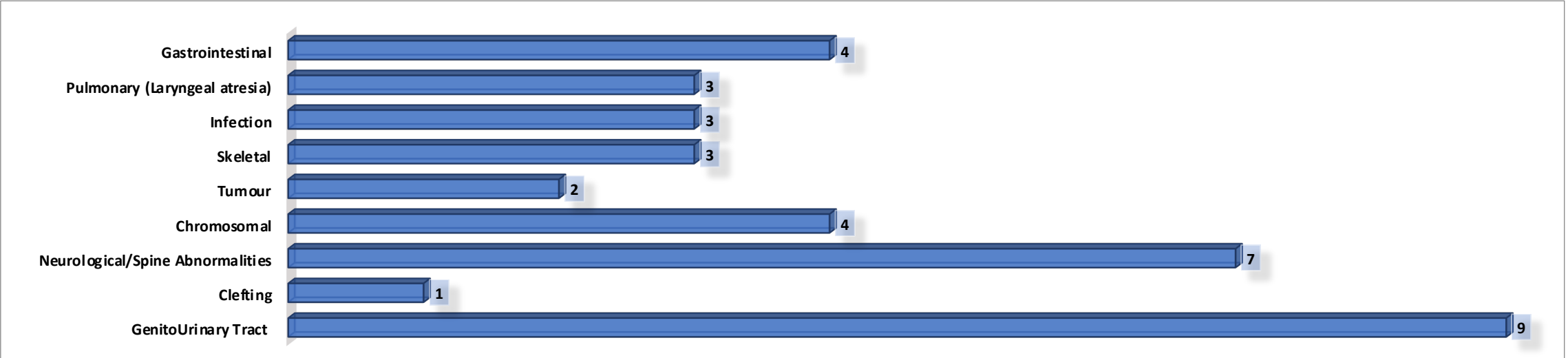
Number of cases:

- Isolated fetal ascites – 67.
- Fetal Hydrops – 308 cases.
- Fetal hydrops with ascites – 241 cases.
- Number of cardiac anomalies out of the total – 14.
- Number of genitourinary anomalies out of the total – 15

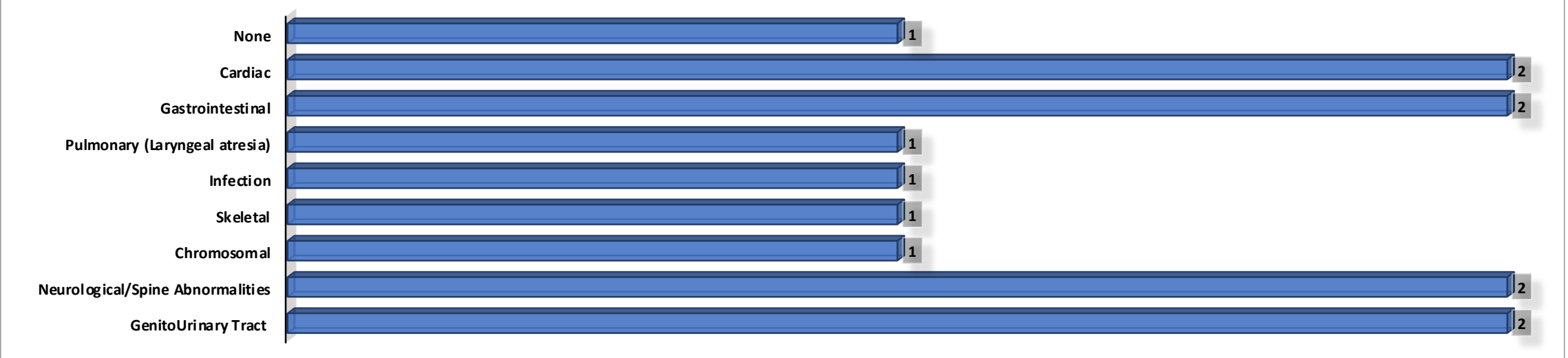
This large study shows that early diagnosis is a poor prognostic feature. There is spontaneous resolution in 10% of cases. Genitourinary anomalies were the most common anomaly in the termination group. Cardiac anomalies were the most common anomaly in the livebirths.



Termination Outcome: Associated Anomalies (n = 25)



IUD Outcome: Associated Anomalies (n = 11)



Live Births Outcome: Associated Anomalies (n = 31)

