

EP.0236 Congenital Heart Diseases And Perinatal Outcomes Following 170 Fetal Echocardiographies In Nigeria.

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Introduction: Prenatal diagnosis of Congenital Heart Diseases (CHDs) hinges on fetal echocardiography, which impacts significantly on perinatal outcomes. Despite its relevance, this service was hitherto unavailable in almost all tertiary hospitals in Nigeria, and congenital heart diseases are therefore mostly undiagnosed prenatally. This study describes the spectrum of CHDs and the perinatal outcomes at the Obafemi Awolowo University Teaching Hospitals Complex (OAUTHC), Nigeria.

Methods: Pregnant women at high-risk of CHDs between Aug 2018 – Sept 2021 had fetal echocardiography performed from 20weeks gestation. This was followed by postnatal echocardiography, or perinatal autopsy in cases of stillbirths or termination of pregnancy. Lethality or otherwise of the CHDs was critically appraised by the Institutional Fetal Medicine Multi-Disciplinary Team and a plan of care was advised.

Results: 170 echocardiographies were performed. The indications were maternal medical conditions (28;16.4%), previous congenital anomalies (26;15.3%), polyhydramnios (22;12.9%) and

maternal age>40years (18;10.6%). Sixteen CHDs were diagnosed, of which six(37.5%) were non-lethal anomalies, including two Ventricular-Septal Defects (VSDs), two diabetes-induced fetal cardiac hypertrophies, one Right-sided Aortic Arch and an ASD. Ten lethal cardiac-extracardiac diagnoses were made, including four AVSDs, three VSDs, and one each of TGA, pulmonary atresia and congenital heart block, co-existing with hydrops, cyclopia, cebocephaly, amelia/phocomelia, diaphragmatic hernia and pulmonary hypoplasia. There were nine voluntary terminations of pregnancy and one stillbirth.

Conclusion

CHDs are associated with increased adverse outcomes. Fetal echocardiography facilitates counselling, prognostication and formulation of care plans among Nigerian parturients. Capacity building in fetal echocardiography should therefore be promoted for optimised care of Nigerian parturients

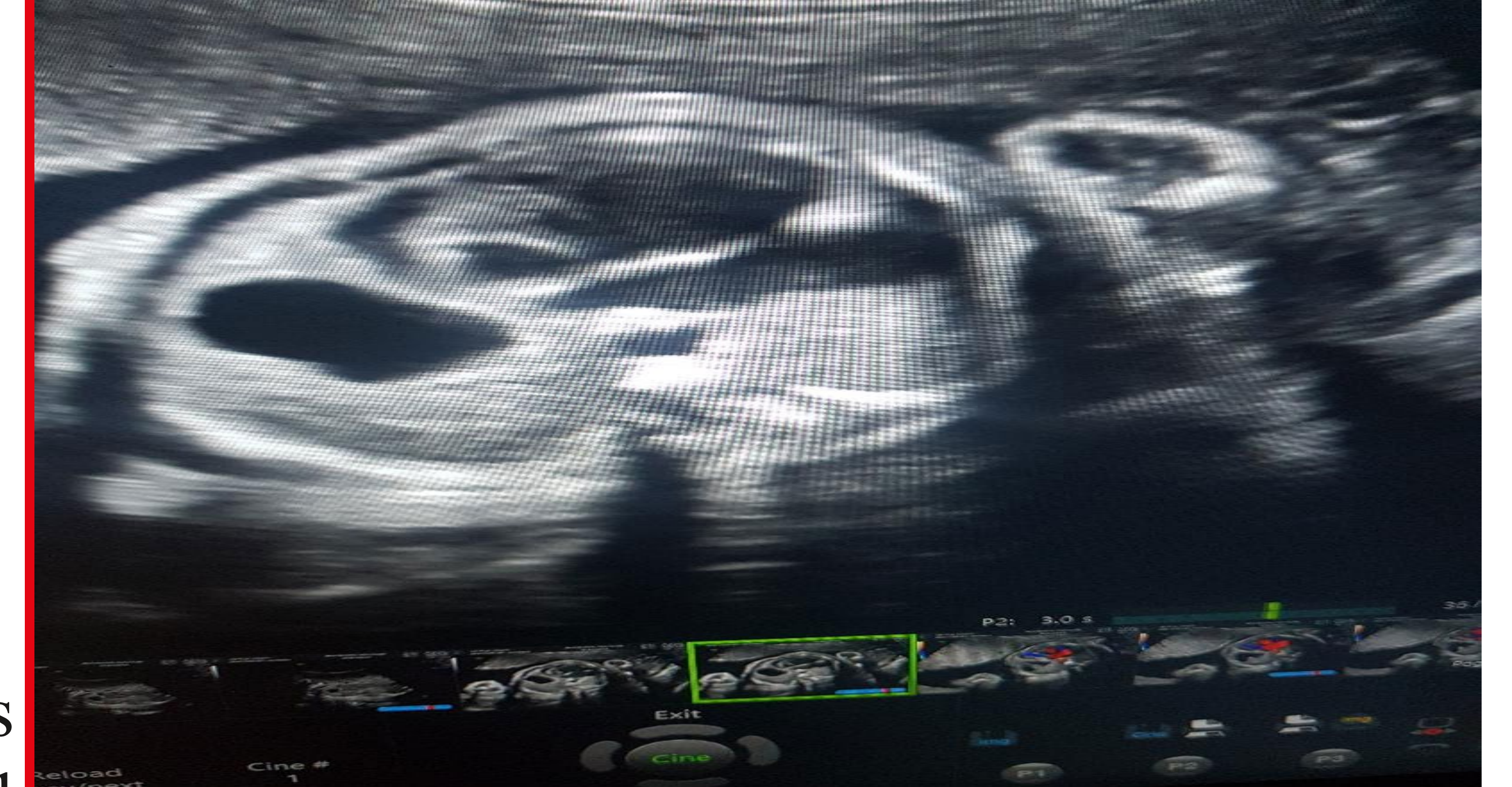


Figure 1. AVSD with Diaphragmatic Hernia

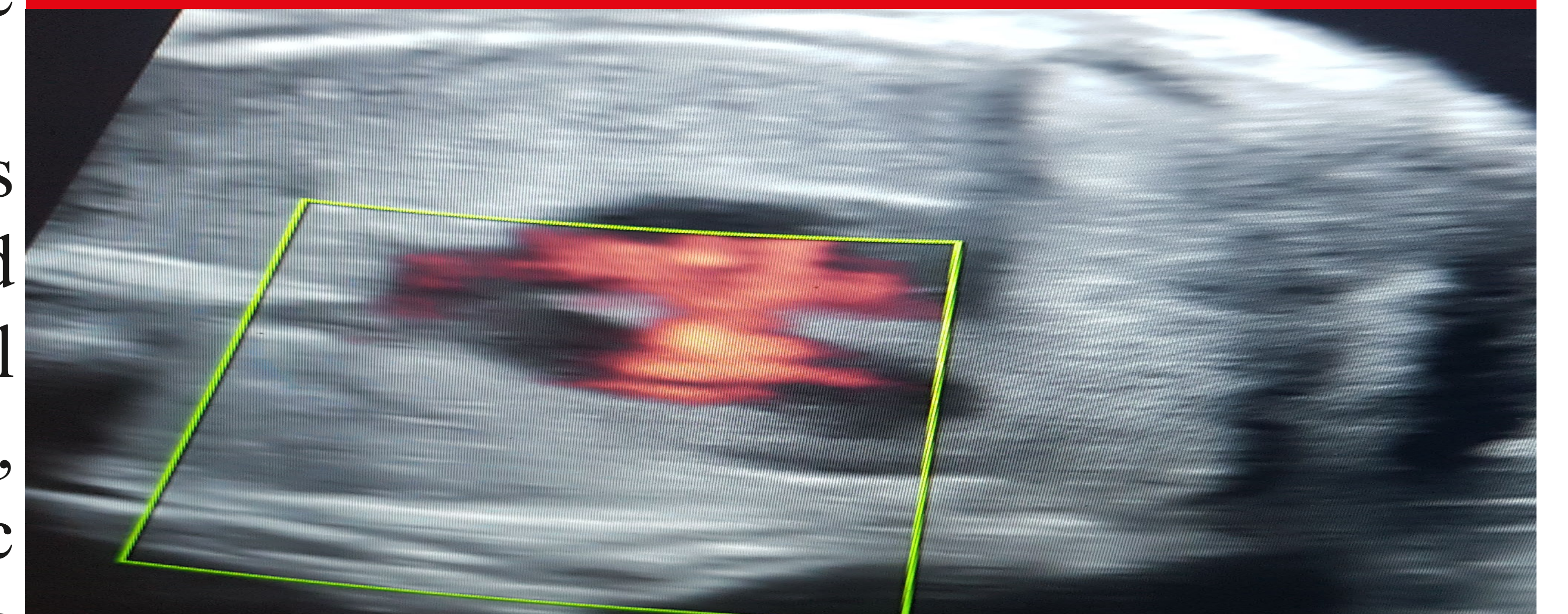


Figure 2. Ventricular septal defect



Figure 3. Complete AVSD