

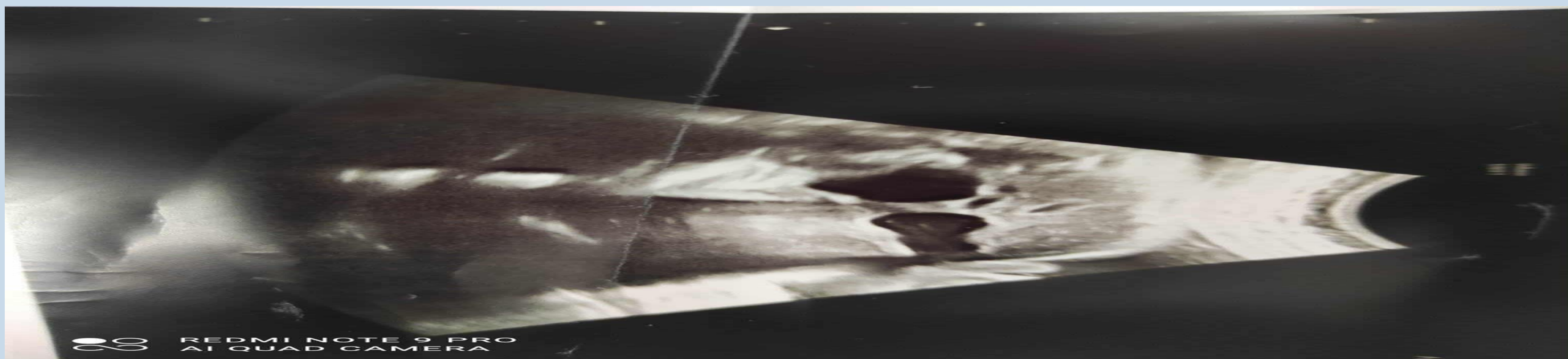
Fetal Intra-Abdominal Umbilical Vein Varix: A Case Report

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Case Presentation

- 28-year-old , Para1, with history of a child with a VACTREL, association at gestational age of 28 weeks after the diagnosis of gestational diabetes an umbilical vein varix detected of 15mm with normal doppler flow , she was managed for gestational diabetes , varix size and flow was followed weekly , at 35 weeks and 5 days a turbulent flow through the varix was detected and the diameter reach 18 mm , decision was made for delivery which achieved vaginally .



Case Discussion

- FIUVV is rare anomaly of umbilical cord, occurring in 0.4 to1.1 per 1000 . characterized by localized dilation, thinning of the umbilical vein. Various studies defined umbilical varix as anechoic cystic mass between anterior abdominal wall and lower edge of liver, with a dilatation exceeding 9mm or increase varix diameter at least 1.5 times greater than the intrahepatic umbilical vein diameter. FIUVV has been associated with significant clinical implications: intrauterine fetal death, aneuploidy, and fetal anomalies. In this case report, we present an isolated FIUVV with turbulent flow.
- Confirmation the diagnosis involves the use of color Doppler imaging . Among reported cases, total of 305 have been documented, average diagnosis occurring at 28 weeks3 days . Maximal size of varix ranging from 9mm-19mm, average size 10.6mm. Regarding the gestational age at delivery, cases ranged from 28 weeks to 43 weeks, with an average of 36 weeks and 5 days.
- Majority of cases delivered vaginally, unless another obstetric indication for cesarean section delivery. reported cases discussing the association of FIUVV with aneuploidy (3.6%), intrauterine fetal demise (IUFD) (5.2%), and fetal anomalies (12.1%).
- Turbulent flow within the varix has been associated with an increased tendency for larger varix size (up to 14 mm), earlier deliveries, lower birthweights.
- we opted to induce labor at 35+5 weeks in our case due to the turbulent flow in the umbilical vein varix, Notably, turbulent flow has been more frequently reported in cases diagnosed after 28 weeks of gestation. earlier case series revealed a high mortality rate, reaching up to 44%, which prompted earlier induction in cases to seek better outcomes. However, more recent case series have provided more reassuring results, with a reduced mortality rate of 1%.

Conclusion

- FIUVV remains rare anomaly that has not been extensively studied. Therefore, further reporting of cases with detailed information regarding maximal varix size, gestational age at delivery, associated fetal anomalies, the association of gestational diabetes with umbilical vein varix need more investigations.

References

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