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Objectives: Galen’s veins malformation characterized by dilatation of the venous structures and arteriovenous shunting of blood. Two third of cases can be diagnosed after 34 weeks of gestation. The severity of cardiomegaly and cardiac decompensation depends on the size and complexity of the vein of Galen aneurysm. High resolution ultrasound and Doppler examination helps to prenatal diagnosis arteriovenous malformation of fetus.  

Methods: We presented a case of 28-year-old G3, Para2 patient who was referred to ultrasound for suggested polihydramnios at 38 weeks of pregnancy. Her history was unremarkable. Ultrasound 2D and Doppler image revealed, in the axial section of the cranium the presence of a well-defined fluid-filled oval structure measuring 25x19 mm with a high velocity venous flow, located posteriorly above the thalamus. Pulsed Doppler of the cystic lesion and its elongation throughout all its extension demonstrated. Polyhydramnios AFI 27 cm, fetal cardiomegaly and dilated superior vena cava due to blood overload caused by the arteriovenous malformation of Galen vein were detected.  

Results: Women was delivered at 38 weeks, 3040gr male fetus was immediately transferred to the neonatal resuscitation department. Ultrasound and MRI performed after delivery confirmed an aneurysmal sac of 25 x 20mm, located behind the thalamus. On 20th day of life the baby was discharged from Children Hospital and was recommended surgical intervention in specialized neurosurgical department.  

Conclusions: In neurosurgical department 6 months later embolization has been done with 2 Stages. After intervention the sizes of aneurism was decreased twice and baby was discharged in satisfactory condition.