Introduction

- Pulmonary stenosis is the obstruction of the right ventricular outflow tract caused primarily by narrowing of the infundibulum or valve stenosis. It occurs more often when the pulmonary valve is bicuspid or quadricuspid. Antenatal presentation is uncommon, as routine ultrasonography does not detect mild or moderate pulmonar stenosis because of the relative lack of pulmonar blood flow and normal fetus development.

Case Report

- A 39-year-old, gravida 2 for 1, was referred for screening fetal echocardiography that demonstrated hypoplastic right ventricle with hypertrophic wall, slightly increased right atrium, hypertrophy of ventricular wall, and a small pericardial effusion. The pulmonary valve was thickened as compared to aortic valve and had low mobility. Distal to the pulmonar valve, there was a proximal dilatation of the pulmonar artery. The flow through the pulmonar valve was antegrade only a few millimeters from the valve, demonstrating reduced valve patency. Both branches of the pulmonary arteries were demonstrated in a three-vessel view.

- Color Doppler flow highlighted the presence of tricuspid regurgitation and a reverse flow into ductus arteriosus. Doppler also demonstrated a tricuspid regurgitation and abnormal Ductus venosus blood flow.

- At morfologic examination, the diaphragm was intact and there were no other cardiac malformations, skeletal dysplasia or pulmonary and renal malformations.

Conclusion

- Prenatal diagnosis includes asymmetry in ventricular size, right atrial enlargement, thickening of the pulmonar valve and Doppler abnormalities. The prenatal management does not need to be changed following diagnosis, however delivery should occur in a tertiary center with cardiology backup and under prostaglandine infusion.