Introduction

- Congenital diaphragmatic hernia (CDH) affects 1 in 3000 babies.
- Fetal Endoscopic Tracheal Occlusion (FETO) has been suggested for severe CDH with promising results by promoting lung growth and decreasing pulmonary arterial hypertension.

Objectives

- We evaluated the lung response after FETO in five consecutive fetuses with isolated left-sided CDH.

Methods

- FETO was performed in 5 patients at a mean gestational age of 28.6±0.5 weeks.
- The observed-to-expected lung to head circumference ratio (o/eLHR) was calculated prior to fetal therapy and every week post intervention.

Results

- Regenerative outcome was demonstrated by substantial fetal lung growth and reversal of severe pulmonary hypoplasia.
- 4/5 patients showed significant lung growth after FETO, as indicated by progressive improvement of the o/eLHR (Fig. 1).

Conclusion

- Our study confirms that FETO is a feasible procedure that promotes lung regeneration in fetuses with severe CDH.
- Infants with poor response to FETO may reflect the severity of the disease and warrant further investigation.

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