Objective
To compare perinatal outcomes after the detection of postoperative choioamniotic membrane separation (CAS) after prenatal myelomeningocele (MMC) repair.

Methods
Retrospective cohort involving 91 fetuses underwent prenatal MMC repair. Weekly ultrasound (US) scans after surgery until 32 weeks, and then twice weekly US scans. CAS was defined when detachment of the membranes from the uterine cavity was observed.

Results

<table>
<thead>
<tr>
<th>Cases with CAS delivered earlier and showed a shorter</th>
<th>OR 3.2; p&lt;0.01</th>
<th>OR 4; p=0.07</th>
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</thead>
<tbody>
<tr>
<td>Delivery (weeks)</td>
<td>35.5 (30-40)</td>
<td>37.1 (26-40)</td>
</tr>
<tr>
<td>p</td>
<td>p&lt;0.01</td>
<td>p&lt;0.01</td>
</tr>
</tbody>
</table>

CAS: Predictors for adverse perinatal outcomes

CAS: Predictors for adverse perinatal outcomes in case of fetoscopic repair

CAS: Predictors for adverse perinatal outcomes in case of open repair

Conclusion
This increased risk appears confined to the fetoscopic group, suggesting that CAS in fetoscopic and open repaired cases may impact perinatal outcomes differently.