Maternal hyperoxygenation (MH) for the treatment of fetal ductal occlusion (FDO) with hydrops

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Introduction
Fetal ductal occlusion is a rare condition that may occur without a history of nonsteroidal anti-inflammatory drugs and causes fetal pulmonary hypertension, right ventricular (RV) dysfunction, and may cause hydrops if there is restriction at the foramen ovale (FO). We report the use of MH to treat FDO with signs of distress.

Case Report
At 38 weeks gestation a G 7 P151 32 y.o. presented with variable fetal heart rate (FHR) decelerations with hydrops during a routine office visit. Perinatology evaluation showed fetal heart enlargement, RV and PA dilation and severe RV hypertrophy and dysfunction with pericardial, pleural effusion and ascites. Fetal echo revealed ductal occlusion with increased atrial velocity, umbilical venous pulsations consistent with FO restriction.

Conclusion
MH may have a role in the treatment of fetal ductal occlusion and may improve hydrops by reducing right atrial pressure and improving RV function.