OP04.04. MRI in fetal CMV infection, is it really necessary?
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Objective
To assess the implications of CMV infection in second trimester compared to first trimester on neonatal development.

Methods
We included cases with proven primary CMV infection at first and second trimester. Prenatal evaluation included both monthly detailed US scans and third trimester fetal brain MRI. Long term outcome was assessed using database search and a telephone interview. Outcome variables included termination of pregnancy (TOP), hearing abnormalities (SNHL), neurological disabilities (NDI) or composite outcome (all three).

Results
The study included 224 patients. Altogether there were 123 and 101 cases with first and second trimester infection, respectively. The rate of fetuses with both normal US and MRI was 59% and 67% after first and second trimester, respectively. There were 21 cases of TOP (15 and 6 for first and second trimester respectively).

The rate of SNHL, NDI and composite outcome were was 16.7%, 11.1% and 23.1% respectively for first trimester infection and 2.1%, 4.2% and 6.3% respectively for second trimester infection. Thus SNHL, NDI and composite outcome were more likely after first trimester infection compared to second trimester (p<0.05). After second trimester infection there was only partial or unilateral SNHL.

Conclusion
Our data shows that SNHL and NDI can occur after second trimester infection, however it is significantly less common and all cases of SNHL after second trimester infection were partial or unilateral.

Table 1. Rate of adverse outcomes relation to trimester of infection

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<tr>
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<th>SNHL</th>
<th>NDI</th>
<th>Composite Outcome</th>
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<tbody>
<tr>
<td>1st trimester (n=108)</td>
<td>18</td>
<td>12</td>
<td>25</td>
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<tr>
<td>2nd trimester (n=95)</td>
<td>2</td>
<td>4</td>
<td>6</td>
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