Survival prediction of fetuses with congenital diaphragmatic hernia in Chile

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**Background:** Correct prediction allows proper treatments. The predictive capacity has been questioned and it needed to be proven in different geographic setting, with different population and care. The objective was to evaluate lung volume with O/E LHR in Chile, double check with Leuven and report survival.

**Methods:** Prospective evaluation of all CDH cases, since 2009. All measures were obtained by single observer (MY) and checked by the medical team from Leuven, in order to assure the image quality, and therefore, validate the method.

**Results:** 65 pregnancies with CDH were evaluated, with 7 loss of follow-up, 1 miscarriage and 2 with ongoing pregnancies. From 55 that were subject of analysis, there were 46 left and 9 right CDH. All evaluations were done between 24 and 32 weeks of GA. Five pregnancies with left CDH and <25% O/E had 0% survival. Three of these were treated by FETO, without neonatal survival. All these cases were plugged and unplugged at 27 and 34 weeks respectively. Delivery occurred in 6 hospitals. There was a significant correlation between O/E LHR and survival in Left and Right CDH (pearson p<0.05). The figure shows survival in Chile, compared to Leuven, by sides. Some groups of O/E LHR had very few cases which could explain differences to survival in Leuven.

**Conclusions:** Survival is related to lung size at evaluation, as well as other reference charts. Until now, despite FETO, severe cases have not survived.