EP03.09 - A fetal death intrauterine with extra-abdominal umbilical vein varix

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We report a case of a fetal death intrauterine with extra-abdominal umbilical vein varix. A 28 year old woman, gravida 1 para 0, came to our hospital for ultrasound consultation because of multiple anechoic in the placenta at 12 weeks of gestation. NIPT was low risk at 16 weeks of gestation. Those anechoic zones in placenta gradually reduced to complete disappear at 32 weeks of gestation. However, we caught sight of a segment of dilation umbilical vein in the extra-abdominal umbilical cord, about 9.4*2.9*2.4cm, at the same time, fetus was normal, umbilical artery blood flow was normal. Another segment of the umbilical vein varix in the extra-abdominal umbilical cord was detected two weeks later, about 4.6*3.0*2.6cm, fetus was normal as usual, umbilical artery blood flow remained normal. To prevent fetus distress, we suggested the pregnant woman to seek the help of obstetricians as soon as possible. Unfortunately, the woman told us that the fetus was diagnosed dead 7 days before when we followed up the outcome by telephone ten days later. The extra-abdominal umbilical vein thrombosis was confirmed by the postpartum placental pathology study.

There are many reasons for fetal death intrauterine, include fetal anomaly, chromosomal abnormality, placental lesion, abnormal umbilical cord, intrauterine infection, and the other. The extra-abdominal umbilical vein varix is very unusual, characterized by a dilation of the vein. Umbilical vein varix is associated with high frequency of umbilical vein thrombosis and fetal death intrauterine. Report cases of extra-abdominal umbilical vein varix are rarely. What should we do to reduce umbilical cord complication and fetal distress? Close ultrasonography follow-up? How often? Carefully count fetal movement? Performing emergency cesarean section as soon as umbilical vein varix was detected?