Objective
is to evaluate perinatal and long-term outcomes in the fetuses with isolated ventriculomegaly.

Methods
A retrospective study of pregnancy outcomes and postnatal development of infants up to 24 months was performed in 40 cases with prenatally diagnosed isolated ventriculomegaly.

Results
Neurological disorders diagnosed immediately after birth were in two infants with borderline ventriculomegaly (10.0 - 11.9 mm), but they did not require further treatment or neurological follow up at the age of 12 months. Intrauterine pneumonia was in 1 case.

Neonates with moderate ventriculomegaly (12.0-14.9 mm) showed neurological disorders in two cases: an infant had not required any treatment by the age of 12 months, and another one had speech delay at 18 months.

A newborn was postnatally revealed asymptomatic cerebral hernia in the parietal area with a favorable postoperative prognosis by MRI. Down syndrome was diagnosed postnataally in an infant with apparently isolated moderate ventriculomegaly (parents refused prenatal invasive diagnosis).

Four infants with apparently isolated severe ventriculomegaly (more than 15.0 mm) were prenatally suspected aqueduct stenosis which was confirmed after birth. The neonates had severe neurological signs. Thus, we found no one case of truly isolated ventriculomegaly with a favorable outcome in fetuses with the width of the lateral ventricles more than 15 mm.

Figure 1. Isolated borderline ventriculomegaly. Favorable up to 24 months outcome

Conclusion
The incidence of unfavorable perinatal outcomes in fetuses with isolated borderline ventriculomegaly was 10.0% and it was 6 times higher in moderate ventriculomegaly (66.6%). Borderline ventriculomegaly had favorable up to 24 months compared with moderate one which demonstrated unfavorable long-term outcomes in every third case.