EP10.27 - Why do we need to broaden our perspective at fetal echocardiography? Echo-sonographic index of fetal infection (FI) in 3rd trimester, in practice.

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OBJECTIVES

- Maternal and familiar indications for fetal echocardiography are still wider and wider.
- We present three cases, without any structural or genetic anomalies in 1st and 2nd trimester but with different echo-sonographical anomalies in 3rd trimester, summarized by us as FI score.
- Postnatal adverse conditions confirmed in utero infection.
- All three women suffered from vaginal infections and had cesarean sections due to fetal distress.
- Their babies were born with low birth weights, as preterm or with neonatal respiratory distress.

CONCLUSION

There might be a connection between echo-sonographical markers in the 3rd trimester and preterm with low birth weight and adverse newborns conditions. The echosonographic examinations should be broaden in 3rd trimester to look for signs of fetal infection.

CASE 1: FI score 8

- 1. Four Chamber View disproportion (RV-LV>2mm)
- 2. Bright Spot in left ventricle
- 3. Tei indexes > 0,5
- 4. Hiperechogenic placenta
- 5. Thick placenta> 50mm
- 6. Enlarged intestines
- 7. Small for Gestational Age
- 8. Slowing trend of fetal growth

Follow up:
- Birth weight 1950g at 38wk, neonatal respiratory distress syndrome and laboratory findings suggesting infection

CASE 2: FI score 5

- 1. Three-Vessel View disproportion (PA-AO> 2mm)
- 2. Foramen Ovale-bilateral blood flow
- 3. Inter-Ventricular-Septum hypertrophy > 5 mm
- 4. Hiperechogenic placenta
- 5. Thick placenta> 50mm
- 6. Enlarged intestines
- 7. Small for Gestational Age
- 8. Slowing trend of fetal growth

Follow up:
- Birth weight 1700g at 35wk, laboratory findings suggesting infection

CASE 3: FI score 6

- Pericardial effusion>2mm
- 2. Tricuspid Regurgitation
- 3. Mitral Regurgitation
- 4. Tei indexes > 0,5
- 5. Oligohydramnion AFI 5
- 6. Small for Gestational Age

Follow up:
- Birth weight 1300g at 31wk, neonatal respiratory distress syndrome and laboratory findings suggesting infection