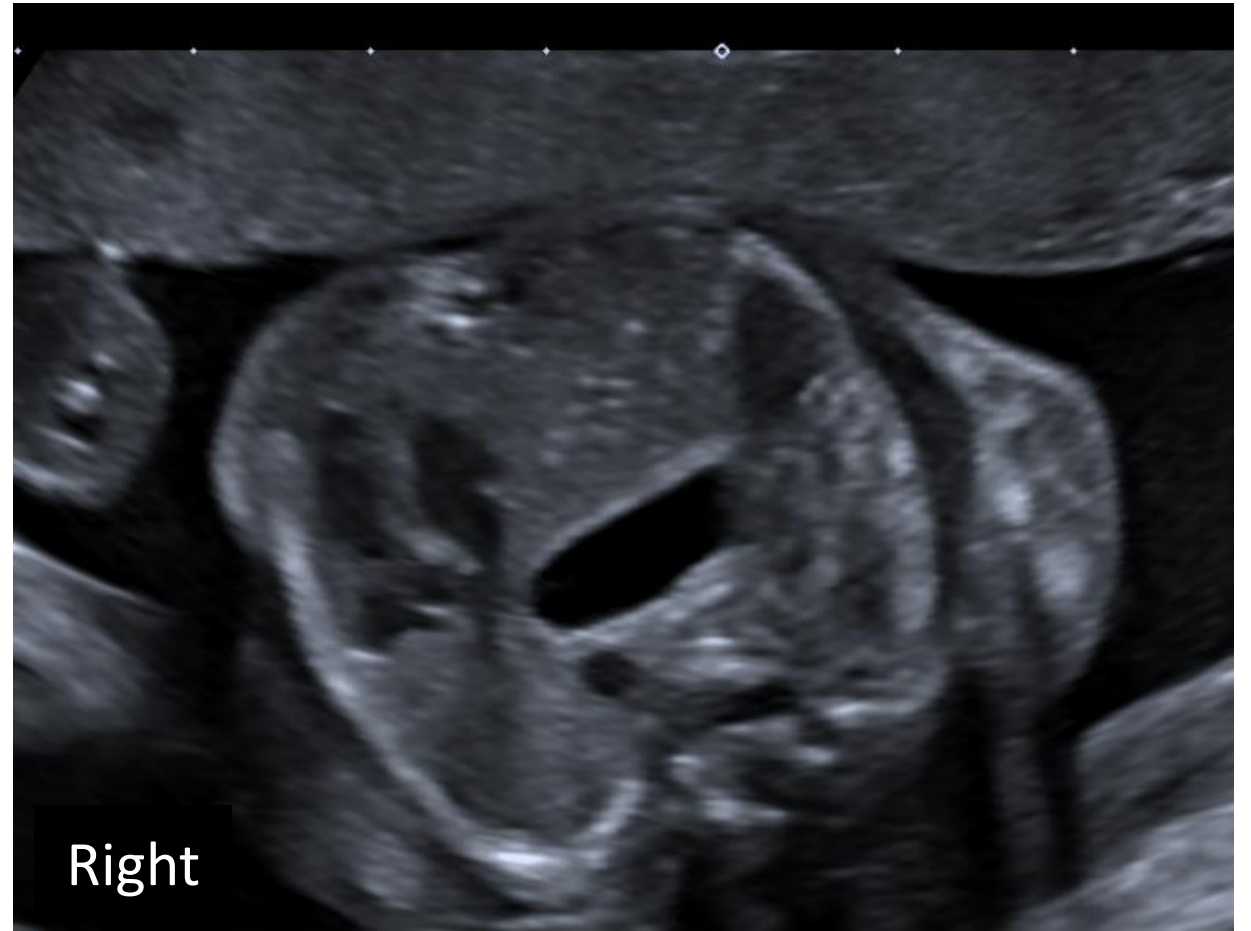


Obstetric Case 6

November 2022

Clinical details:

33 year old female. Anomaly scan.



Try to answer the following questions:

1. Describe this abnormality
2. What is the diagnosis?
3. What differential diagnosis should be considered?
4. Are there associations with chromosomal abnormalities?
5. What is the prognosis?

Do not progress to next slide until you have attempted to answer the previous questions.

Question 1

The heart is shifted to the right side of the chest by the fetal stomach and bowel.

Question 2

Left sided diaphragmatic hernia

Question 3

C-CAM

Pulmonary sequestration

Question 4

Yes – aneuploidy is present in around 50% of cases

Question 5

Due to pulmonary hypoplasia prognosis is poor. For large hernias, mortality may be as high as 80%. The earlier the gestation the hernia is diagnosed the worse the prognosis.

Diaphragmatic hernia Fact File

- Results from failure of fusion of the pleuroperitoneal canals around 8 weeks gestation. They may contain the stomach, intestines, liver, or spleen
- More common on the left (around 75-90%)
- There is often associated polyhydramnios
- Signs suggesting a poor prognosis include: Large hernia size, early gestational age at diagnosis, intra-thoracic liver, small contralateral lung, pulmonary hypertension, early ventricular dysfunction especially biventricular dysfunction, presence of associated abnormalities, bilateral CDH, unfavourable lung:head ratio
- Risk factors for development include: High maternal BMI, increasing maternal age, pre-gestational diabetes, maternal pre-gestational hypertension, pre-conceptual diet, especially riboflavin supplementation.