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Fetal cystic hygroma: Prenatal diagnosis and postnatal outcome

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ABSTRACT

Introduction: Cystic Hygroma occurs due to lymphatic malformation in different parts of the fetus. We present a case of late detection of huge multiseptated cystic hygroma with hydrops fetalis at 28 weeks gestation and intrapartum outcome. Late detection of cystic hygroma may give rise to a dilemma in decision-making due to considerations of cephalopelvic disproportion and unnecessary caesarean sections. **Case Description:** We report a case of a 32-year-old, Gravida 5, Para 2 at 28 weeks who presented in preterm labour. At 18 weeks gestation, the fetus was suspected to have a fetal neck mass. However, she defaulted follow-ups and had no further assessment until she presented in labour. Ultrasonography revealed a fetus in breech presentation, with generalized oedema and hydrops fetalis features. There was a cystic hygroma measuring 13.2 x 10.2 cm. There was no fetal heart pulsation and an intrauterine demise was diagnosed. Induction of labour was performed with an anticipation of head entrapment in the second stage due to the presence of cystic hygroma. The head entrapment that eventually occurred was resolved with Mauriceau manoeuvre technique, and a stillborn baby boy weighing 1900 gram was delivered. **Discussion:** An alternative method to aid delivery of the head in the presence of a large cystic hygroma is by an ultrasound-guided decompression of the cystic mass using a spinal needle, should the usual manoeuvre to deliver the aftercoming head fails. Early detection of cystic hygroma and hydrops fetalis during the prenatal period may allow for proper intrapartum management and parental counselling.

A-012

Omphalocele and umbilical cord cyst: A case report and review of literature

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ABSTRACT

Introduction: Omphalocele is a midline defect with evisceration of abdominal contents covered by a protective sac. The lack of knowledge about the prenatal diagnosis of omphalocele and umbilical cord cyst may lead to missed diagnosis by practitioners. For proper intrapartum management and parental counselling, associated anomalies should be confidently ruled out during the prenatal period. **Case Description:** We report a case of a 41-year-old, Gravida 6, Para 2 + 2 at 24 weeks with prenatal ultrasonography findings of huge umbilical cord cyst measuring 6.5 x 6.3 cm, an omphalocele with liver content with cord insertion at the omphalocele measuring 4.5 x 4.5 cm, a choroid plexus cyst and a small thorax with hypoplastic left ventricle and bilateral lungs. Given a guarded fetal prognosis, the pregnancy was terminated after careful discussion with the parents. A 500-gram male fetus was delivered and expired immediately. The fetus has a substantial anterior abdominal wall defect with liver content within the omphalocele, a uniloculated umbilical cord cyst containing Wharton Jelly and straw-coloured fluid, bilateral clenched fists and micrognathia. A clinical diagnosis of Edward Syndrome was made, however, there was no karyotyping done to confirm the diagnosis. **Discussion:** Omphalocele with umbilical cord cyst is rare. Clinical providers should have a high suspicion of aneuploidy with the presence of multiple fetal anomalies in advanced maternal age. Prenatal detection and diagnosis are crucial to aid counselling with consideration of an early termination of pregnancy.