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Ex-utero intrapatrum treatment (EXIT) in a fetus with massive orofacial teratoma: A case study

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ABSTRACT

Introduction: Teratomas are benign tumors formed by pluripotent cells of all three germ cell layers. When occurring in the neck or oropharynx, it may cause significant airway obstruction. An EXIT (ex-utero intrapartum treatment) procedure allows fetal airway to be secured in such cases before completion of delivery, while maintaining uteroplacental perfusion. **Case Description:** A 31-year-old lady at 31 weeks gestation of her third pregnancy had symptomatic polyhydramnios related to fetal orofacial masses of mixed echogenicity suggestive of teratomas. Fetal MRI showed two distinct lesions arising from both nostrils and lower lip, with extension to the upper airway causing narrowing. She required weekly amnioreduction to relieve her symptoms. An elective delivery with EXIT was scheduled at 36 weeks gestation. However, she went into spontaneous labour at 35 weeks and emergency delivery was executed. EXIT provided 31 minutes of uteroplacental perfusion leading to successful securing of fetal airway. Regrettably, the newborn succumbed two days later to pulmonary hypoplasia. **Discussion:** Early planning with multidisciplinary participation is essential for optimal communication between the teams and to lay out care plans and backup plans in case of emergency. Intrapartum fetal heart rate monitoring using real-time ultrasound gives reassurance of fetal well-being while EXIT is ongoing. Despite extensive planning, actual securing of fetal airway can be challenging. Even with an established airway, fitness of the newborn to undergo surgical correction cannot be guaranteed. Post-event debriefing is important for reflective learning, especially so for procedures that are performed infrequently.

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Abruptio placentae or splenic vein rupture? A case report

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ABSTRACT

Introduction: Spontaneous spleen vessel rupture in pregnancy is a very rare and carries a very high maternal and fetal mortality rate. This report presents a case of spontaneous splenic vein rupture in a pregnant woman with underlying thrombocytopenia and splenomegaly. **Case Description:** A 30-year-old, gravida 4 at 29 weeks of gestation was admitted complaining of dull left-sided abdominal pain. She was not in labour and was haemodynamically stable. Her platelet count was low, and her spleen enlarged. Arrays of haematological investigations were performed but did not reveal any abnormality. A few days later, she complained of tense and tender abdomen, and went into hypovolaemic shock with fetal bradycardia. An emergency laparotomy and Caesarean Section was done for possible abruptio placenta. There was massive hemoperitoneum but no abruptio placenta found. Exploration of the abdomen revealed an enlarged spleen with some ruptured tortuous and dilated splenic veins. She had a total splenectomy and recovered fully following the correction of anaemia and coagulopathy. Her baby succumbed the next day due to severe prematurity and perinatal asphyxia. Histopathological examination showed splenomegaly with splenic vein thrombosis. Eighteen months later, she conceived again with an expected due date at the end of June 2022. **Discussion:** Splenic vessel rupture in pregnancy is uncommon but a life-threatening complication. Aetiology remains vague; hence, making timely diagnosis difficult. Training of medical personnel to recognise early clinical manifestation, usage of medical advances and aggressive surgical intervention may be the key to improve maternal and perinatal outcomes.