

Ex Utero Intrapartum Treatment (EXIT) procedure in a fetus with left neck macrocystic lymphatic malformation: A case report

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ABSTRACT

Introduction: Fetal lymphatic malformations are congenital anomalies characterized by aberrant growth of dilated lymphatic channels disconnected from the normal lymphatic system. Those involving the head and neck region cause life-threatening airway obstruction at delivery. **Case Description:** A 42-year-old, Gravida 5 Para 3+1 had her first antenatal booking at 30 weeks of gestation, being unaware of her pregnancy earlier on. She had underlying chronic hypertension requiring a single antihypertensive. During the first transabdominal scan at 30 weeks of gestation, the fetus was noted to have a large multicystic left neck mass suspected to cause airway obstruction and significant right-sided head tilt. The mass measured 7 x 7 cm during this scan. We proceeded with MRI after the case was reviewed by the Paediatric ENT team. It reported a large multicystic left neck mass measuring 7 x 6 x 10 cm causing airway obstruction. In view of these findings and recurrent admissions for unstable blood pressure, the mother underwent a caesarean section with EXIT procedure at 35 weeks gestation, after accelerating fetal lung maturity with corticosteroids. The baby was started on oral Sirolimus post-delivery. **Discussion:** A multidisciplinary team approach and careful planning of an elective EXIT procedure is essential to prevent catastrophic life-threatening airway obstruction at delivery. It is also important to recognize the need to perform this type of procedure at more tertiary centers.

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A safe indocyanine green dye (ICG) injection into the ureters (EP Method) in 3D-laparoscopic complex gynaecologic surgery

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ABSTRACT

Introduction: We aimed to showcase the safety & feasibility of a simplified ICG injection into the ureters by the gynaecologist using an epidural catheter (EP Method) as an alternative to conventional ureteric stenting. **Methods:** Prospective analysis of the first 15 case series of simplified ICG injection into the ureter laparoscopic complex gynaecological procedures operated from Oct 2022-April 2023. A cystoscopy was done to identify the ureteric opening, an epidural catheter was introduced into the bladder through the cystoscope and advanced into the ureteric orifices up to about 15 cm mark from the ureteric opening. Approximately 2-4 ml of ICG was injected from the distal end of the catheter into each of the ureters, respectively, and the catheter was withdrawn completely under direct vision. The laparoscopic gynaecologic procedures were carried out according to the plan. **Result:** Preliminary results showed that out of 15 complex cases, 10 were endometriomas with deeply infiltrating endometriosis, 7 were frozen pelvis, and 5 were complicated uterine fibroid. The mean age of the patient was 41.6 years, with a mean BMI of 23.6. The mean duration of surgery is 132 mins, and the mean Estimated blood loss (EBL) is 158 ml. Almost 99% of the ICG injection into the ureter was done by the operating gynaecologist. There were no immediate or latent adverse outcomes recorded in all the cases. **Conclusion:** Our preliminary data supported that the simplified ICG injection into the ureter using an epidural catheter via cystoscopy by the gynaecologist is safe and not associated with any adverse outcome.