

Immune Hydrops Fetalis: A Case Report

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Abstract

Case Report

Hydrops fetalis is known as fluid accumulation in more than one location in the fetus. It can be classified into two types: immune or nonimmune. The second type is more common, due to improve in primary health care occurrence and mortality of the first one has reduced. A 30 years woman from the village with 27 weeks pregnancy, her blood group B negative. Sonography showed generalized body edema which indicated immune hydrops fetalis; which is considering rare nowadays. She had put under observation for further management.

Keywords: Immune hydrops fetalis, Ascites, Edema, antenatal care.

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INTRODUCTION

Hydrops fetalis also known as fetal hydrops is state in which exaggerated fluids are gathering in multiple parts of the body of fetus [1].

According etiology of the disease, it sorts in two groups. Group one which became rare nowadays because of good health care which it related to Rh alloimmunization and other group caused by other conditions. General they are labeled as immune and nonimmune hydrops fetalis [2]. Cardiac insufficiency is due to vascular disorders in fetus and not associate with fetal hydrops [3]. As general occurrence of fetal hydrops among pregnancies women stated in the previous works is low [4].

CASE REPORT

A 30 years old multipara woman, G3P1011, she is from a village far from the city center. She suffers from overwhelming economic conditions with a lack of education. Her husband died five months ago. There was no clear medical history for any chronic diseases. According her circumstance, she did not obtain perfect pre-birth care in the beginning of pregnancy. She referred to maternity hospital complains of labor sign (cramps and vaginal discharge). She had B negative blood group. Ultrasonography reported that a single viable fetus with GA- 27 weeks, 0 days, and, also illustrated multiple fluids collection in fetus body. Skin edema, hydrothorax, multiple ascites, thickened placenta and scrotal edema (Figures 1-4) were main ultrasound finding. The patient put under obstetrician

and neonatologist observation, but the prognosis is very poor.

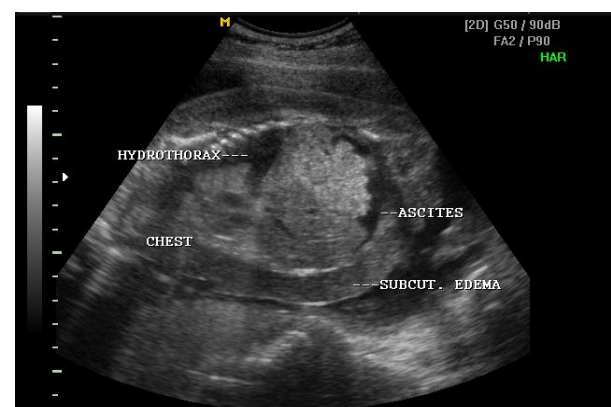


Fig-1: Ultrasound showed hydrothorax, skin edema and ascites

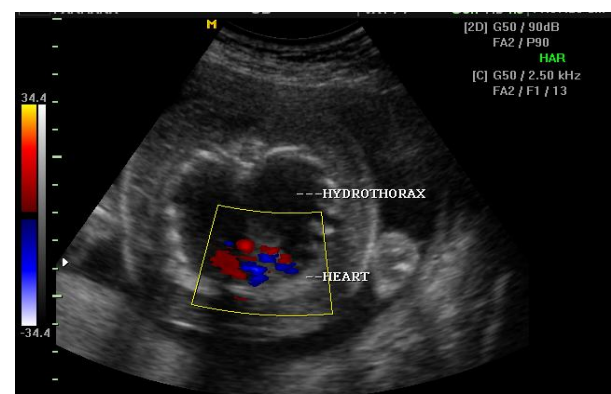


Fig-2: Doppler sonography showed hydrothorax around the fetal heart

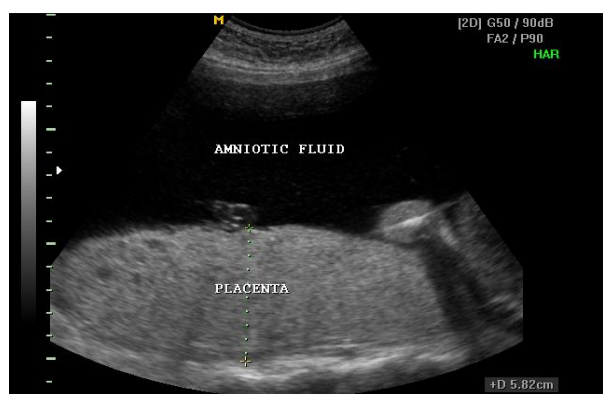


Fig-3: U/S showed enlarged placenta



Fig-4: U/S showed scrotal edema

DISCUSSION

Hydrops fetalis is the fluid gathering in two or more body sections it can found in chest, abdomen, pleural cavities and skin, [5]. The rate of cases is about 1 in 2,500 to 1 in 3,500 neonates [6]. The disease has two types depending on its etiology comprise of an immune type and a nonimmune one [7].

A fetal hydrops nonimmune type has various reasons. Despite the belief prevailing in the past that the cause is unknown. Current literature review displays that an origin can be recognized before birth in 65% of cases and up to 85% after childbirth [8].

The discovery of treatment of RhD isoimmunization lead to decrease the rate of prevalence and death of immune hydrops fetalis [9-11].

In this case the history of patient tends to suppose a diagnosis of immune hydrops fetalis which considering a rare case. This case caught attention to the need of primary health care in the countryside to avoid any future abnormalities.

CONCLUSION

Although a vaccine is available to treat RhD isoimmunization, some mothers may not be able to get it in time. Increasing awareness and health education and providing excellent primary care in rural areas would reduce the mortality rate among neonates.

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