Hydrops Fetalis

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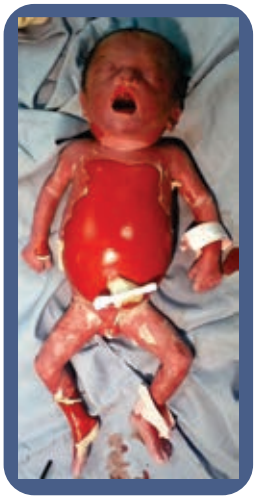

Image illustrate a hydrops fetalis due to twin-to- twin transfusion syndrome

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Hydrops fetalis describes the fetus with generalized subcutaneous edema and fluid collections in some or all serous cavities.[1] 80% of the causes of hydrops are non-immune. [2]

The most common associated diagnosis reported by Matthew E. Abrams et al., in 2007, were congenital heart problems (13.7%), abnormalities in heart rate (10.4%), twin-to-twin transfusion (9%), congenital anomalies (8.7%), chromosomal abnormalities (7.5%), congenital viral infections (6.7%), congenital anemia (5%), and congenital chylothorax (3.2%).[3] The diagnosis is based on the presence of a minimum of two fluid collections in serous cavities such as pericardium or pleural space; polihydramnios and placental edema can also be found through ultrasonographic study. [1]

The picture shows a case due to twin-to-twin transfusion in which the hydrops is made evident by the subcutaneous edema and the ascitis.

Management depends on the main underlying disease. When anemia is present, it is corrected with fetal transfusion. Cardiac arrhythmias are treated with drugs. Space-occupying lesions should be corrected when affecting cardiac venous or lymphatic return.[4]

The mortality rate is highest among neonates with congenital anomalies (mortality rate: 57.7%) and lowest among neonates with congenital chylothorax (mortality rate: 5.9%).[3]

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