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A COMPLEX FETAL CARDIAC MALFORMATION AS AN INDICATION FOR PREGNANCY TERMINATION

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Congenital cardiac disease is seen in 2–6.5 of 1000 live births and is a major cause of morbidity and mortality, with half of these cases being lethal or requiring surgical correction. Environmental, genetic and chromosomal abnormalities are believed to be causes of congenital cardiac defects, with a higher incidence among infants with affected siblings or mother.

We present a case of a 30-year-old primigravida at 23 weeks of gestation with a negative personal and familiar anamnesis for congenital malformations. Ultrasound examination showed a complex fetal cardiopathy with a dilated pulmonary artery and stenotic aorta. Labor was induced with oxytocin and a stillborn male fetus weighing 605 grams was delivered and sent to an autopsy. On external inspection, the fetus had a properly developed osteomuscular structure, without visible malformations and deformities. The main finding on autopsy was a congenital malformation of the heart, which was enlarged and dilated. On cross-section in the membranous part of the interventricular septum, a defect with a diameter of 0.4 cm was visible (ventricular septal defect - VSD), as well as a "Truncus arteriosus communis" as a single large artery leaving the base of the heart. The myocardium of the right ventricle was hypertrophied with a thickness of 0.6 cm. The remaining visceral organs were placed in the appropriate anatomical compartments, properly formed.

Prenatal ultrasound examination allows the detection of major fetal defects and pregnancy can be terminated if the fetus is severely affected. Fetal autopsy is a method of vital importance in complementing prenatal diagnosis.

Keywords: congenital cardiac disease, cardiopathy, truncus arteriosus communis, ventricular septal defect