

## CONGENITAL ANOMALIES IN BREECH.

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### SUMMARY

**Congenital anomalies form an important cause of neonatal mortality and morbidity. In a case of Breech presentation significant foetal mortality & morbidity is independently caused by congenital anomalies.**

**In our study of 132 Breech deliveries we found the incidence of congenital anomalies of 16.67% as opposed to 1.11% in the controlled group. The prediction of congenital anomalies their types and diagnosis is discussed.**

**Specific history, thorough clinical examination with the help of imaging techniques can detect the majority of defects prenatally which have a strong bearing on patient management.**

### *Congenital anomalies in breech*

#### **Introduction:**

Congenital anomalies account for neonatal morbidity and mortality. This mortality and morbidity may be accounted for by the presence of associated factors like preterm delivery, premature rupture of membranes, placenta previa and abruptio placentae and congenital anomalies. The last factor congenital anomalies in breech is independently capable of generating significant mortality and morbidity. The present study is carried out to find out the incidence of congenital anomalies in Breech.

#### **Materials & Methods:**

A study was conducted at Dr R.N. Cooper Hospital, Juhu, Bombay, where all cases of

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*Accepted for Publication 25/9/90*

singleton breech delivery from 1st January 1988 to 15th July 1989 were included.

In all there were one hundred and thirty two breech deliveries out of which 84 were multiparae and 48 were primigravidae. A majority of primigravidae were delivered by caesarean section.

All high risk patients and those with persistent breech presentation were subjected to radiological examination and/or ultrasonography.

#### **Results:**

Congenital anomalies were grouped as major and minor anomalies. In all 22 cases of congenital anomalies were found in breech presentation. Distribution of congenital anomalies in breech and vertex is shown in Table I.

TABLE I

Congenital anomalies	Total of breech deliveries (%)	Total No. of vertex deliveries (%)	Total No. of Deliveries.		
	132	2.95%	4335	97.05%	4467
Major	12	9.09%	26	0.60%	
Minor	10	7.58%	22	0.51%	
Total	22	16.67%	48	1.11%	

The following congenital anomalies were found in our series of patients are as shown in Table II.

TABLE II  
Congenital anomalies

Major	No. of cases	Minor	No. of cases
Multiple involving	2	CTEV	5
- CNS		Urethral stenosis	1
- limbs		Extra digit	2
- Renal		Hypoplastic	
Hydrocephalous with		Ext. genitalia	1
Spina Bifida	7	Imperforate anus	1
Meningomyelocele	2		
Exomphalos	1		

Incidence of congenital anomalies diagnosed antenally postnatally are shown in Table III.

TABLE III

Anomalies	Major	%	Minor	%
Prenatal	8	66.67%	0	0%
Postnatal	4	33.33%	10	100%
Total	12	100%	10	100%

In all patients an attempt was made to elicit significant history like history of congenital anomalies in previous pregnancy, hydramnios, maternal age, and maternal diseases. Incidence of significant history is shown in Table IV.

Bifida with meningomyelocle was detected as a soft tissue mass at lumbosacral region.

**Conclusion:**

Congenital anomalies occur frequently in

TABLE IV.

Cong. anomalies	Major	%	Minor	%
No. of cases	12		10	
Significant History	2	16.67%	0	0%

**Discussion:-**

Incidence of cong. anomalies was 16.67% of all breech deliveries in our study, as against 1.11% of all vertex deliveries. In Kauppila's (1975) series the incidence of congenital malformations was 15.9% for breech.

Most of these cong. anomalies involved the central nervous system. Incidence of spina bifida with hydrocephalus was maximum (58.33%) of all major congenital anomalies. Majority of babies with major congenital anomalies had fresh still births.

All minor congenital anomalies were detected postnatally. Diagnosis of major congenital anomalies was done antenally in 66.67% of cases by ultrasonography and X-ray of the abdomen. An Xray of abdomen was done in all patients with breech presentation in labour. Spina

babies born with breech presentation. This occurrence is supposed to have a strong inverse correlation with foetal weight at birth.

Now-a-days many breech babies are delivered abdominally without a trial of labour. But as we have seen that incidence of congenital anomalies is high in breech, all patients with breech should be completely investigated for congenital anomalies. It is mentally traumatic if a severely malformed baby is delivered abdominally, especially if congenital malformation is incompatible with life.

Thus ultrasonographic examination and or radiological examination is mandatory in all cases of breech presentation.

**Reference:-**

1. Kauppila Oldvi:- *Acta obstet Gynecol Scand (Suppl.)* 39:1 1957