

Non Immune Hydrops Fetalis

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30 years old Mrs. M. Primigravide conceived after 11 years following artificial insemination with donor semen. Her LMP was on 11.9.96.

She had regular antenatal checkups. On 6.11.96 transvaginal USG showed a single Intrauterine Pregnancy with good cardiac activity.

Investigations:

Hb: 12.0 gms %,
Group & Rh Factor : A Negative
VDRL & HIV :
Negative, Sugar (F):
78 mgs/dl, urine
Albumin: Nil Urine
Sugar : Nil, USG
done at 20 weeks:-
normal without

congenital anomalies with normal liquor corresponds to gestational age of 20 weeks. At 26 weeks patient developed acute Poly Hydramnios of liquor Index 28 cm without anomalies. Patient was not willing to go to higher centre for cordocentesis. So she was treated with Indomethacin 25 mg tds for 2 weeks. She came with sudden loss of fetal movements on 29.4.97. At that time her abdominal girth was 91 cm and fundal height was 36 cm.



Investigations:

Sugar (F) : 82 mgs/dl, VDRL: Negative, Indirect Coombs: Negative, S. Alpha fetoproteins : 8 mg/ml.
Torch Panel : Negative except HSV-IgG Positive
Scan Report : I.U.D. with Hydrops Fetalis.

HSV-IgG positive showed chronic Infection and no significance was given because the IgM was negative. The patient was induced with Prostaglandin E2 (Cerviprime) gel 0.5 mg Intracervically and with high titre syntocinon. She

expelled a dead fetus with big placenta. The fetus revealed mongoloid (Down Syndrome) features, like low set ears, protruding tongue, nuchal thickness more than 1 cm, hypertelorism with depressed nose as shown in the picture. The fetus weighed 1.5 kgs. THE fetus and placenta were sent for postmortem studies which confirmed Hydrops Fetalis with morphological features of mongolism and Non Immune Hydrops Fetalis (NIH).

Post Mortem examination of the baby was suggestive of Down's syndrome. Histology of all organs revealed no abnormality.