Right sided congenital diaphragmatic hernia in a decade of fetal surgery
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Objective
Only 15% of cases with congenital diaphragmatic hernia are right sided (RCDH). Due to the limited number of cases, the natural history of RCDH remains poorly documented. We report our recent experience with RCDH in the era of fetal surgery.

Methods
Retrospective review of prospectively collected consecutive fetuses with RCDH managed between 2002-2012 at two fetal treatment centers. Variables were structural and genetic anomalies, candidate predictors of outcome including lung size, liver herniation ratio (LiTR), amniotic fluid and cervical length at first evaluation, patch rate, survival and oxygen dependency at discharge.

Results
Ten out of 86 fetuses with RCDH had associated structural, genetic or chromosomal abnormalities. Of 76 isolated cases, 8 patients opted for termination of pregnancy, the majority with severe hypoplasia. Nineteen cases were expectantly managed with a mean GA at delivery of 35.9 ± 3.5w. Survival at discharge was 53% (10/19), one being oxygen dependent at discharge. In the FETO group (n= 57) mean GA at delivery was 34.6 ± 2.8w. Survival rate was 42% and 39% were oxygen dependent at discharge. Univariate analysis identified lung size with MRI and an interval of >24h between unplug and delivery as predictors of outcome.

Conclusion
RCDH seems to have poorer outcome than what is reported in left CDH. Survival rates after expectant management when O/E LHR ≤45% and ≤30% were 17% and 0%, respectively. In those, survival after fetal therapy is 42%.