

Fetal bilateral multicystic dysplastic kidney: Intrauterine diagnosis and clinical course

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Objective

Case report on a bilateral multi cystic dysplastic kidney. Prenatal diagnosis and clinical course.

Methods

Case report.

Results

Multicystic dysplastic kidney (MDK) is a renal malformation in which multiple cysts of variable diameters replace renal cortical tissue. Bilateral involvement is rare but should be considered in gestations presenting with anhydramnios. The incidence of fetal chromosomal anomalies is increased among these cases. Complications of anhydramnios may occur, worsening the prognosis. We present a 35 year-old pregnant woman (gravida 3, para 2), with a normal first trimester scan at 13 weeks and 5 days of gestation (nuchal translucency = 2.5 mm) but anhydramnios detected at 16 weeks. Amniocentesis was performed revealing a normal karyotype. At 23 weeks of gestation, both fetal renal parenchyma were replaced by cysts and the diagnosis of bilateral multicystic dysplastic kidneys was made. After counseling the parents decided to continue with the pregnancy. Intrauterine growth restriction was diagnosed at 29 weeks' gestation and subsequent follow up was arranged. Planned cesarean section was performed at 27 weeks due to an accompanying placenta praevia. A 2,345 g male fetus was born (Apgar score 5 min = 6) and bilateral contracted clubfeet were detected on the neonatal examination. The prenatal diagnosis was confirmed after birth and the neonate died within his first day of life due to respiratory insufficiency.

Conclusion

Bilateral MDK should be kept in mind in cases with severe oligohydramnios or anhydramnios. Patients should be counseled about the poor prognosis and termination of pregnancy should be offer.

