Objective
The aim of the study was to evaluate the efficiency of performing intrauterine therapy using thoraco-amniotic shunts in large lung cysts.

Methods
An observational retrospective study was performed on a group of 13 fetuses who underwent thoracoamniotic shunting after sonographic identification of large macrocystic lesions in the lungs. The study took place between 2006 and 2014 at the Department of Gynecology, Fertility and Fetal Therapy, Polish Mother’s Memorial Research Institute.

Results
Mean gestational age at the time of shunt insertion was 25 weeks of gestation. Mediastinal shift were stated in all of the cases. Polyhydramnios was noted in ten fetuses, seven of which were hydropic. In the remaining five fetuses without impaired cardiac function, four had very large lesions (CVR > 1.6) and one had a lesion that was rapidly increasing in size. Shunt insertion was successful in all cases. In two fetuses, intrauterine demise occurred within one week after shunt insertion. Otherwise, the mean gestational age at labour was 38 weeks of gestation. In six cases, delivery via cesarean section was necessary because of obstetric complications. All but one of the newborns underwent resection of the lesions, and five were operated on in the first month after birth. The remaining operations were postponed. The prenatal diagnosis of congenital cystic adenomatoid malformations was confirmed by pathologists in all cases.

Conclusion
Intrauterine therapy in the macrocystic lesions in fetal lungs is a relatively safe method and enables good perinatal outcomes to be achieved. It should be considered in every case of impaired cardiac function developing in the fetus. In the case of large cysts presenting early in pregnancy (before 20 weeks of gestation), the prognosis is severe and the procedure needs to be considered, even no signs of hydrops are observed. Accurately planned and conducted intrauterine intervention after 32 weeks of gestation enables the pregnancy to be prolonged and the prognosis for the fetus to be improved.