A case of Ebstein’s anomaly
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Objective
We present a case with a prenatal diagnosis of fetal Ebstein’s anomaly.

Methods
A 31 year old woman at 32 + 2 weeks had an ultrasound assessment which showed cardiomegaly at the expense of the right atrium with moderate ascites. She had an unremarkable family history, In her past medical and surgical history she had an endometrioma we was operated on in 2007 and at the time underwent a cystectomy and hypothyroidism with a TSH of 6.51 which did not require treatment, She had a previous term vaginal delivery in 2010 of a female infant weighing 2990g. At 20 weeks the ultrasound observed no abnormalities. The patient was scanned according to protocol, at 32 weeks and 2 days gestation. Here cardiomegaly at the expense of the right atrium is noted, with significant ascites and a suspected diagnosis of Ebstein’s anomaly is made. A week after the patient was seen intrauterine fetal death occured. The patient consented for an autopsy, which found a 1940 g fetus with bilateral pleural effusions, cardiomegaly at the expense of right chamber, dilated right atrium and ventricle with low insertion of tricuspid valve. A diagnosis of Ebstein’s anomaly, consisting of hemorrhagic ascites. was made.

Results
One single study found, that pregnant women, especially mulitpara, are more frequent carriers of P. Jirovecii, increasing the risk of infection in susceptible individuals like the newborn.

Conclusion
Ebstein’s anomaly represents 0.5% of congenital heart diseases. It is characterized by a displacement of the tricuspid septal and posterobasal veins towards the apex of the right ventricle Ultrasound examination during the 20th week must focus on the study of the heart and pay attention to the insertion of the tricuspid and mitral valves We believe that although the patient had no history of heart disease or abnormalities, morphological examination of the heart in the 20 weeks should be as compulsory.