A Case of congenital diaphragmatic hernia and necrositing enterocolitis

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Objective
Congenital diaphragmatic hernia is the most common defect of formation and closure of the diaphragm that allows the passage of the abdominal viscera into the chest cavity causing two serious consequences that increase the risk of mortality of infants: hypoplasia and pulmonary hypertension side concerned that determine the severity of the anomaly.

Methods
Case report.

Results
A 36 year old Gravida 2 Para 1 with no previous medical history had an ultrasound scan at 16 weeks gestation. The fetal stomach, part of the small intestine were seen in the left part of the thorax beside the heart which was displaced to the right. The left lung was visualised above the hernia. There were no other abnormalities. The amniotic fluid volume was normal (no polyhydramnios). Normal breathing movements were noted and fetal echocardiography was normal. Normal karyotype 46 XY was confirmed. At 20 weeks, part of the liver was also in the thorax. The parents were proposed fetal therapy: fetal endoscopic tracheal occlusion (FETO) at 32 week. Finally an eutocic delivery occur at 39 weeks. The baby was operated after an adecuated preoperative estabilization but a necrositing enterocolitis complicated the postoperative.

Conclusion
The prognosis and survival probabilities improved substantially when the choice is fetoscopic tracheal occlusion for the treatment of pulmonary hypoplasia secondary to isolated congenital diaphragmatic hernia. But other complications can take place as in this case with a dramatic result.