A case of Ebstein’s anomaly
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Objective
We present a case of prenatal diagnosis of fetal Ebstein’s anomaly with a good clinical situation at 8 months of life.

Methods
A 34-year old woman Gravida 1, Para 0 at 21 weeks’ menstrual age was referred for routine second trimester ultrasound scan. Fetal echocardiogram performed revealed a downward displacement of septal leaflet of the tricuspid valve, which were tethered to the muscular part of ventricular septum, right ventricular atrialisation and cardiomegaly. The echocardiogram also showed moderate tricuspid valve regurgitation with good development of the pulmonary branches. All that finding revealed a Ebstein’s anomaly.

Results
An amniocentesis was performed showing a normal 46XX karyotype. At 30 weeks the patient development pre-eclampsia, that required hospitalization and treatment with labetalol, long-acting nifedipine and magnesium sulphate. At 32 weeks a caesarean section was performed. A female neonate was born with 1670 grams. An echocardiogram obtained on the first day of life, showed Ebstein’s anomaly with soft tricuspid regurgitation. At 8 months of live has a good clinical situation.

Conclusion
Ebstein’s anomaly represents 0.5% of congenital heart diseases. It is characterised by varying degrees of downward displacement of the tricuspid valve leaflets into the cavity of the right ventricle. It is a congenital heart lesion that has a range of clinical presentations, from the severely symptomatic neonate to an asymptomatic adult. Although fetal and neonatal presentation is predicted to have a poor overall prognosis in our case in utero evolution of cardiomegaly was good without fetal hydrops and moderate tricuspid regurgitation. Neonatal operation has high operative mortality, whereas operation performed beyond infancy and into adult has low operative mortality. Atrial tachyarrhythmias are the most common late complication.