

Characteristics of fetuses referred for evaluation due to suspicion of gastroschisis in a Fetal Medicine Service from Southern Brazil

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Objective

Our aim was to report the experience of a Fetal Medicine Service of reference from southern Brazil with patients referred for evaluation due to suspected gastroschisis.

Methods

A retrospective study in which the sample was composed of patients referred due to suspected gastroschisis for the Fetal Medicine Service of Hospital Materno Infantil Presidente Vargas (HMIPV), Porto Alegre, Brazil, from January 2005 to November 2014. It was conducted a collection of clinical and radiological data.

Results

34 patients were identified with suspected gastroschisis. From these, 2 were excluded due to another diagnosis. Regarding the age of pregnant women, 71% were aged less than or equal to 20 years. Twenty-one were primiparous (65.6%). The diagnosis of gastroschisis was performed on average at 19.4 weeks of gestation (ranged from 10 to 34 weeks). Two cases (6.3%) had the diagnosis made in the first trimester, 23 (71.9%) in the second trimester and 7 (21.8%) in the third. Almost all cases (90.6%) consisted of gastroschisis classified as isolated. There were no cases of intrauterine death. Almost all children were born by cesarean section (92.6%) due to prenatal diagnosis of gastroschisis. Half of them (50%) was premature.

Conclusion

Gastroschisis is considered the most common type of abdominal wall defect. Prenatal and early diagnosis of gastroschisis is possible, and the period of performance of the first trimester ultrasonographic screening seems to be a good time for it. This detection is especially important in our midst for the birth planning. The mode of delivery remains controversial, but the choice of cesarean section has been carried out to try to plan the child's birth for the prompt and adequate surgical evaluation.