Outcome of pregnancy after the prenatal diagnosis of isolated major congenital heart diseases

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Objective
To analyse cases with a diagnosis of isolated major congenital heart diseases (MCHDs) in terms of gestational age (GA) at the suspicion, GA at the diagnosis, the management and the outcome of the pregnancy.

Methods
This is a retrospective analysis of cases with isolated MCHDs in a tertiary center from 2010 to 2016.

Results
• In the study period, in over 13 hundred pregnancies, 35 cases of isolated MCHDs were diagnosed. The time of positive diagnosis was 16+6 WA (range: 12+6 – 36+1).
• 20 couples (57.14%) chose first and second trimester termination of pregnancy.
• The time interval between the diagnosis and the termination procedure was 3.5 days (range: 1-7 days).
• In 12 cases (60%), termination of pregnancy took place in or after the 18th week of gestation. In this study group we had: 2 cases of tricuspid atresia with ventricular septal defect (TrAVSD), 2 cases tetralogy of Fallot (TOF), 1 case of critical aortic stenosis (AoSt), 3 cases of atrioventricular septal defect - AVSD (2 partial and 1 complete) and 1 case of rhabdomyoma. Thus, we may hypothesize that the diagnosis could probably have been made earlier in 4 of them.
• Most couples (18/20 - 90%) requested for repeated multidisciplinary counselling before termination and only one couple expressed the intention of engaging in a medical litigation for a delayed diagnosis.

Conclusions
• In our country many parents experience difficulties in coping with the prenatal diagnosis of MCHD.
• Implementation of a uniform prenatal care including FT cardiac screening could lead to an earlier accurate diagnosis in a reduced number of cases.
• There is need for cost-analysis studies and ethics debates before changing health policies.
• The additional minor risk due to medical second trimester termination and litigation must balanced against incomplete counselling after FT suspicion and against the disadvantages of FT surgical terminations request.