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FETAL MEGACYSTIS. DESCRIPTION OF A CLINICAL CASE.

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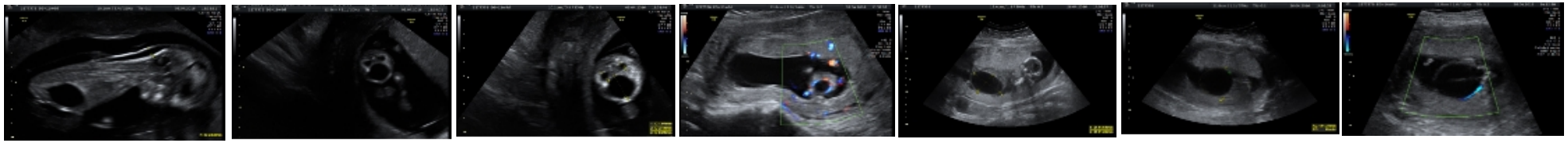
INTRODUCTION

The estimated incidence of megacystis between weeks 10 and 14 of gestation is between 1/900 to 1/1800 cases. This can be resolved spontaneously in 40-60% of the cases without leaving sequels or be the manifestation of a progressive obstructive pathology or a more complex heterogeneous disorder. The risk of aneuploidy is greater in the case of moderate megacystis, from 7 to 15 mm, higher measurements are most frequently associated with obstructive causes. We present here the case of a fetal megacystis, its diagnosis and conclusion.

CLINICAL CASE:

Woman of 42 years old, caucasian, with a personal history of depression and cholinergic urticaria. Previous surgery of Cesarean section in 1991. Two vaginal deliveries and one miscarriage. Essure in 2012. Gestation produced by IVF with transfer of 2 frozen embryos the day 02-02-2016 (own eggs and sperm from the couple). Unique gestation with estimated delivery date by ultrasound the 10-21-2016. At 12 weeks control ultrasound a Megacystis of 11 mm is seen with hyper echoic kidneys and bilateral renal pelvis dilatation. The rest of the morphology is normal. Result of high risk in the combined screening test. Study of fetal Karyotype and arrays are recommended.



At 14 weeks ultrasound, there is a megacystis of 50 mm diameter with increase bilateral kidney echogenicity, dilatation of both renal pelvis and low amniotic fluid. Fetal exitus is confirmed at 15 weeks before the perform of amniocentesis. The anatomopathological study reported a megacystis of probable obstructive cause, without other findings. Fetal karyotype was not obtained

CONCLUSION

The renal obstructive disease includes hydronephrosis, hydroureter, megacystis and the mega urethra. Mortality due to disorders of the urinary tract is high, approximately 60%. There are different strategies to follow: ultrasound control, finalization of pregnancy, labor induction and prenatal surgery. The detection of these abnormalities by ultrasound in the first trimester of pregnancy, reinforce the importance that the ultrasound has in this period of pregnancy so we can advise the couple as to what conduct to follow.

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