Case Report of Fetal Hepatic umbilical vein varix
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INTRODUCTION
Fetal intra-abdominal umbilical vein (FIUV) varix is a rare prenatal abnormality characterized by a focal intrahepatic or extrahepatic dilatation of the intra-abdominal portion of the umbilical vein. The normal vessel diameter changes with gestational age and should be 2 mm in the 15th week of gestation and 8 mm on the due date. FIUV varix usually is an isolated finding, but in some cases it can be associated to other fetal anomalies. Thrombosis is a possible complication of FIUV varix and it can lead to poor fetal or neonatal outcome. Other complications of FIUV varix include: intrauterine fetal death (IUFD), aneuploidy, intrauterine growth restriction (IUGR) and disseminated intravascular coagulation (DIC). The incidence of fetal death or potential obstetric complications was much higher if the diagnosis of FIUV varix was made before 26 weeks of gestation. However, there is good fetal outcome when the FIUV varix is detected late in gestation.

SUMMARY OF THE CASE
A 30-year-old gravida 4, para 2 who referred to our maternal fetal medicine department for a history of preterm birth at 25 weeks gestational age (GA) and history of IUFD at 22 weeks GA due to turner syndrome. Patient underwent serial sonogram scans to evaluate the cervical length, anatomy and growth, she was treated with intramuscular hydroxyprogesterone weekly at 17 weeks GA. At 26w5d GA a new finding of an intra-hepatic umbilical vein varix was noticed during sonogram scan.

Subsequently, weekly sonographic follow-up for the purpose of excluding thrombosis of the varix showed the further course of pregnancy to be initially normal with the unchanged finding of the varicose umbilical vein segment. Unfortunately pregnancy was complicated by IUGR, so patient was admitted to the hospital for induction of labor then delivered via primary low transverse caesarean section due to non reassuring fetal heart tone. The neonate was admitted to the neonatal intensive care unit for further management and evaluation. All work up came back with in normal limits and the neonate discharged home at post partum day 5.

DISCUSSION
Pregnancies with FIUV varix should be considered to be high-risk and should be referred to maternal–fetal medicine specialist to exclude associated abnormalities. Intensive surveillance including color Doppler ultrasound should be started from the moment of diagnosis until delivery. Karyotyping should be offered only if there are additional sonographic abnormalities.

REFERENCES