JCK Oral 2 (II-JCKO2)

Fetal and Neonatal Cardiology
Chair: Noboru Inamura (Department of Pediatrics, Kindai University, Faculty of Medicine, Japan)
Chair: Xupei Huang (Department of Pediatric Cardiology, Guangdong General Hospital, China)
Chair: June Huh (Department of Pediatrics, Sungkyunkwan University School of Medicine, Heart Vascular Stroke Institute, Samsung Medical Center, Korea)
Sat. Jul 8, 2017 9:20 AM - 10:10 AM  ROOM 3 (Exhibition and Event Hall Room 3)

9:20 AM - 10:10 AM

[II-JCKO2-03] Clinical research on fetal bradycardia

Kaiyu Zhou, Yimin Hua, Chuan Wang, Yifei Li (Department of Pediatric Cardiology, West China Second University Hospital, Sichuan University, Chengdu, Sichuan, China)

Objective: Investigate the diagnosis and prognosis of fetal bradycardia. Methods: With the determined of prenatal echocardiography and postnatal electrocardiogram, whereas the serum level of maternal anti-SSA/Ro and anti-SSB/La and status of maternal autoimmune diseases. Results: 47 cases of fetal bradycardia were enrolled, the gestational age were 18-34 weeks. Among them, there were 21 cases of III° AVB, 16 cases of sinus bradycardia, 8 cases of irregular bradycardia and 2 cases of I° AVB. Maternal autoantibodies positive were found in 26 mother; and to their fetuses, there were 17 cases of III° AVB, 5 cases of sinus bradycardia, 2 cases of irregular bradycardia. To the suffered fetuses, 17 cases were accompanied with cardiovascular malformation (12 cases of III° AVB, 3 cases of sinus bradycardia, and 2 cases of irregular bradycardia). The 2 cases of I° AVB (obviously prolonged A-V interval) in this study received prenatal dexamethasone therapy, halt the progress of heart block successfully and delivered two health babies. All the fetuses HR below 55bpm were terminated after prenatal diagnosis.

Conclusion: The prognosis of fetal bradycardia was poor, and some types of fetal bradycardia have closely relationship to connective tissue disease, especially maternal autoantibodies positive. Transplacental dexamethasone therapy for prolonged A-V interval may halt the progress of heart block and result good prognosis.