
ポスター | 胎児心臓病学

ポスター (II-P20)

胎児心臓病学 2

座長:石井 徹子(東京女子医科大学病院 循環器小児科)

2017年7月8日(土) 18:15 ~ 19:15 ポスターエリア (1F 展示イベントホール)

18:15 ~ 19:15

[II-P20-05]抗 SSA抗体先天性完全房室ブロックハイリスク症例に対して予防的ステロイドが有効だった3症例

○中矢代 真美, 佐藤 誠一, 島袋 篤哉, 鍋嶋 泰典, 桜井 研三, 竹蓋 清高 (沖縄県立南部医療センター・こども医療センター)

キーワード: 胎児治療, 胎児不整脈, 先天性完全房室ブロック

The incidence for congenital AV block in maternal SSA antibody is reported to be 2-4% , which is significantly high compared to the total population, but not significant enough to warrant routine fluoronated steroid use for all patients. However, in some high risk maternal SSA antibody patients, the benefit of steroid therapy may outweigh the risks. We have experienced three cases of preventive steroid use in high risk patients. One case had a prior child with congenital heart block. The second case developed prolonged mechanical PR interval. The third case developed second degree AV block and right ventricular dysfunction during. After informed consent was obtained, all three cases were started on 4mg oral maternal betamethasone for 4 weeks after which it was tapered down over 2 months.No adverse effect was seen in the fetuses, but one case of gestational diabetes was observed. This was treated with insulin and was discharged after completion of therapy. All pregnancies resulted in sinus rhythm. We have followed 48 cases of maternal SSA antibody pregnancies out of which these three cases were high risk, which is 6.25% of cases. Since implementing maternal steroid use in selected high risk SSA antibodies, we have not experienced new onset of congenital heart block in this cohort. Long term side effects on the infants need to be followed.