

Prenatal Diagnosis and Counseling on Myelomeningocele in Croatia



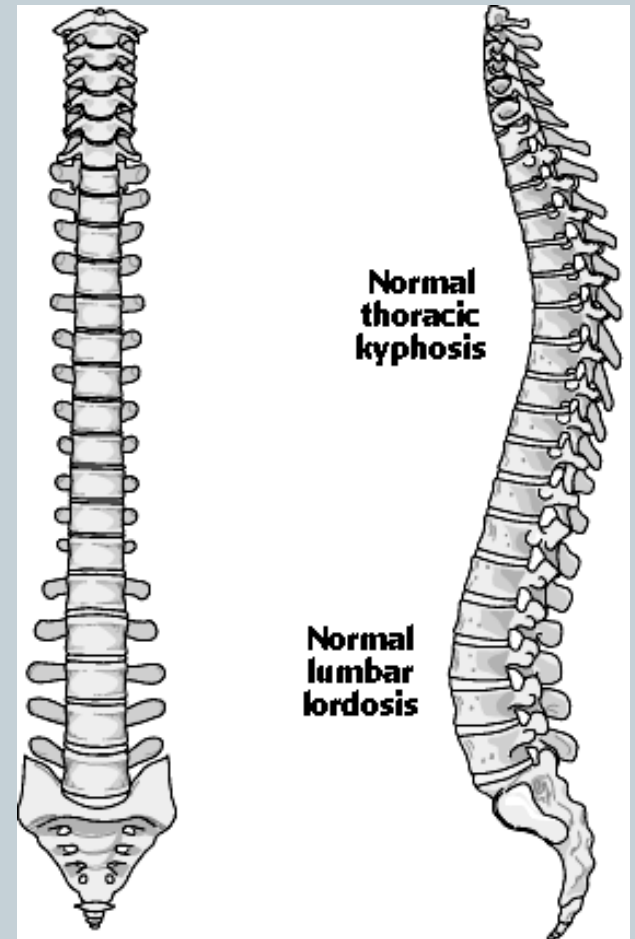
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MERKUR HOSPITAL
ZAGREB, CROATIA



Normal spine



- Visualize (and document):
- US and MRI
 - Cervical, thoracic, abdominal, lumbar and sacral part
 - Transverse and longitudinal view
 - Triangular shape of ossification centres (closed triangle)



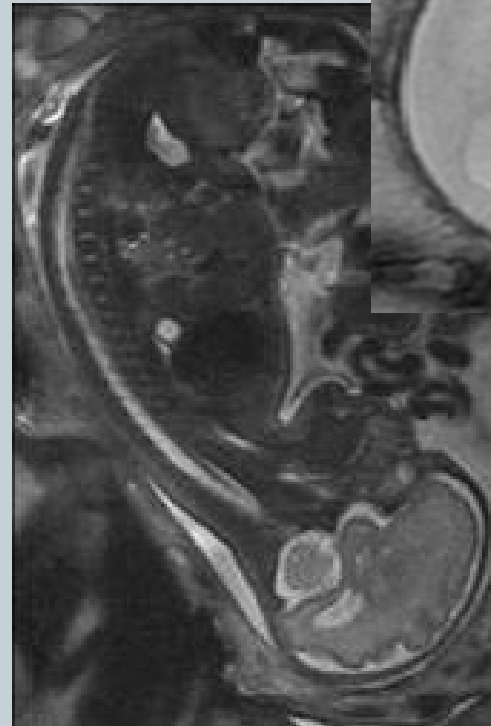
MRI



- increasingly used in clinical practice, partly because of the increasing interest in fetal surgery and fetal medicine

- **Ultra-fast MRI**

Glenn OA and Coakley FV. MRI of the fetal central nervous system and body. Clin Perinatol 2009;36:273-300



Ultrasound examination (level 1)

- 12-14 weeks



- 18-22 weeks



Longitudinal



Transverse



Osification centres



Spina bifida – type of myelomeningocele



- **Neural tube defect**
 - Forms 5 - 6 weeks
 - Lumbar and sacrolumbar the most frequent
 - Incidence 0.5-2:1000 (Croatia 0.5/1000 livebirth)
 - Related to chromosomal anomalies
- **Prognosis dependant on extent of the lesion**
 - Possible total paralysis below the lesion
- **Related to:**
 - Hydrocephalus
 - Congenitalital defecs
 - Meckel's syndrom (polidactily, multicystic kidneys - autosomal recessive)
 - Amnotic band sindrome (not genetic)

Spina bifida



- **Classification**

Spina bifida



- Closed
 - Covered by skin
 - Normal AFP



Spina bifida



- Open

- Not covered by skin, drainage of the cerebrospinal liquor
- Raised AFP
- Rachishisis: complete open spine with herniation and/or destruction of neural spine



Spina bifida



- Cystic
 - Meningocele or meningomyelocele (myelomeningocele)



Spina bifida



- Ocult – not type of myelomeningocele
 - Part of the vertebrae is not closed but without open defect
 - No clinical significance and without raised AFP

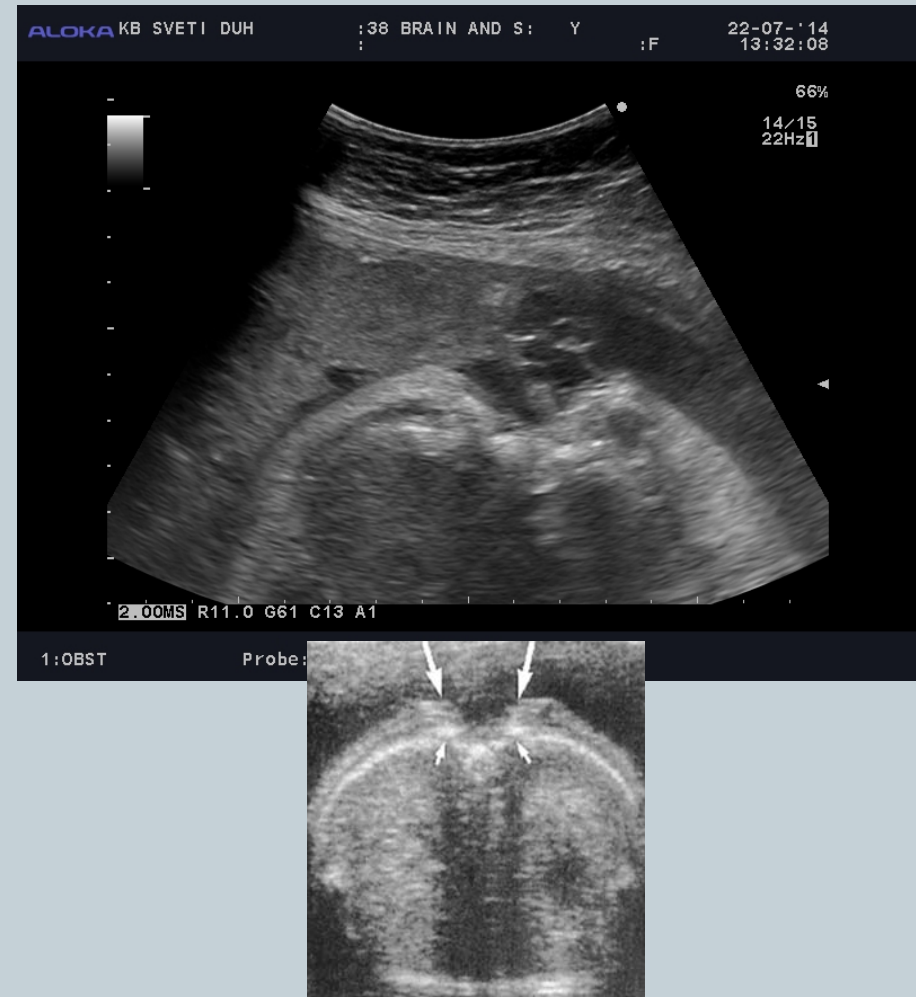


Dijagnosis



- US

- Transversal plane the best for diagnosis but sagittal better to assess the extent of the lesion
- Protrusion of the sac (meninges) with spinal cord (or not)
- Indirect signs (banana and/or lemon) – obliterated cisterna magna



Diagnosis



- **MRI**
 - Since 2000
 - Rarely used in Croatia
 - Helpful..., problems in interpretation of images
 - Compared to US



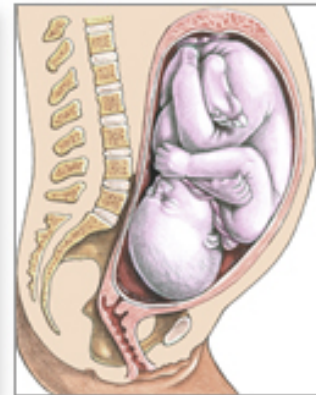
Dijagnosis



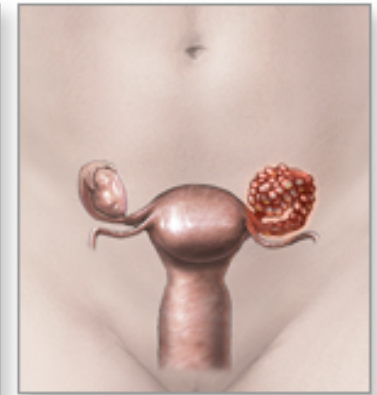
Spina
bifida



Intrauterine
death



Ovarian
cancer



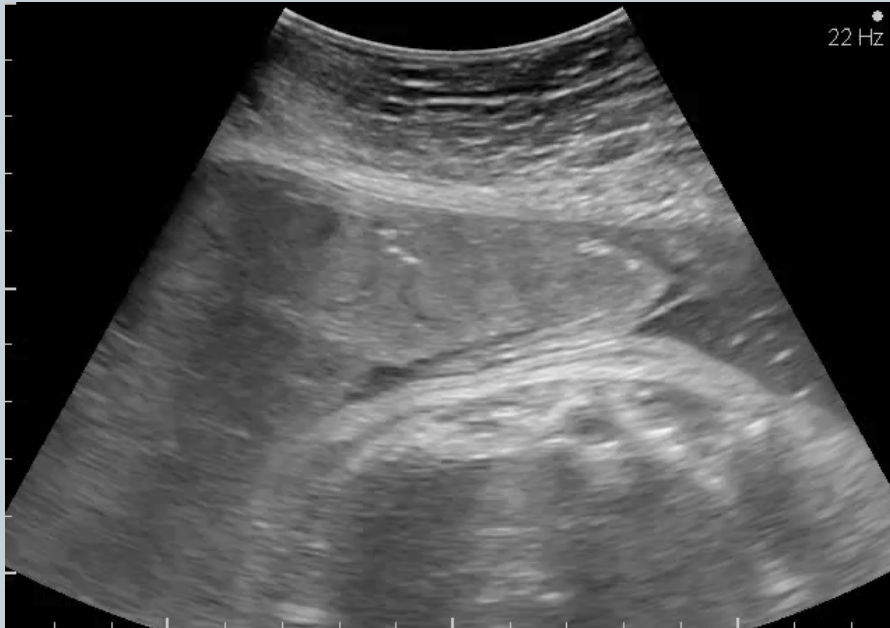
- AFP

- Not used any more in Croatia
- Sensitivity 65%, combined with US gestational age assessment
- US sensitivity up to 100% ($P < .001$ compared with screening) but later in pregnancy
 - ✦ Dashe J i sur. AJOG 2006;195:1623

Spina bifida - transverse



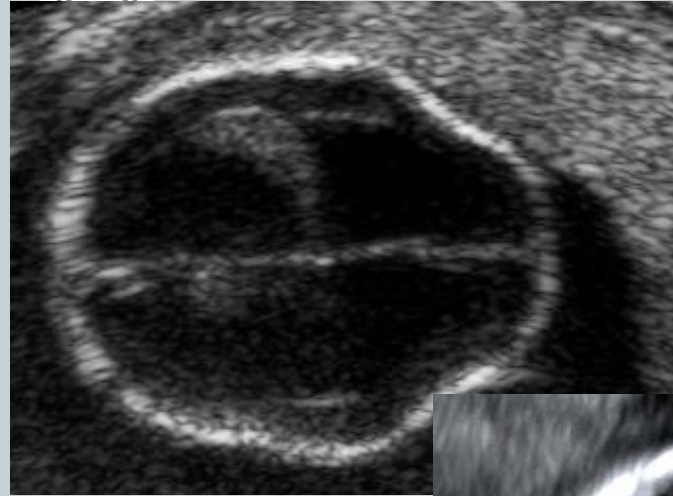
Spina bifida - sagittal



Associated anomalies



- Hydrocephalus, encephalocoele, Arnold Chiari
- Meningocele (more frequent than meningocele)
- Any level on fetal spine
- Abnormal ossification of posterior centres



Ultrasound diagnosis - Croatia

- Incidence 0.5/1000 (livebirth) lower rate
- Diagnostic accuracy 50-100% (depending on centre)
- TOP if before 22/40
- Folic acid uptake different
- Referral centre

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H53

	A	B	C	D	E
37	VSD+TGA	2	0	0	
38	AV canal	2	0	0	
39	ASD+VSD	2	0	0	
40	Tetralogy of Fallot	2	0	0	
41	NTD open	2	2	100	
42	Achondrodysplasia	2	2	100	
43	Micromelia	2	2	100	
44	Nephroblastoma	3	3	100	
45	Esophageal atresia with tracheoesophageal fistula	3	1	33	
46	Hypoplastic left heart	3	1	33	
47	Cleft lip	3	0	0	
48	Acrania	3	3	100	
49	Hydronephrosis bilateral	4	4	100	
50	Aortic atresia	4	2	50	
51	Anal atresia	4	1	25	
52	TGA	4	0	0	
53	Agnesis of kidney	4	4	100	
54	Anencephaly	4	4	100	
55	Duodenal atresia	5	4	80	
56	Sy. Dandy-Walker	5	5	100	
57	Ventriculomegalia/NTD covered	6	5	83	
58	Congenital diaphragmal hernia	6	3	50	
59	Cleft palate	6	0	0	
60	ASD	6	0	0	
61	VSD	7	1	14	
62	NTD covered	7	6	86	
63	Ventriculomegalia	8	8	100	
64	Omphalocele	8	8	100	
65	Cystic hygroma	10	8	80	
66	Ovarian cyst	11	11	100	
67	Hydrocephalia	11	10	91	
68	Gastroschisis	11	11	100	
69	Multicystic dysplastic kidney unilateral	12	11	92	
70	Cleft lip and palate	13	3	23	
71	Multiple malformations	13	11	85	
72	Polydactily unilateral	24	1	4	
73	Hydronephrosis unilateral	28	26	93	
74	Clubfoot Talipes equinovarus unilateral	32	2	6	
75					
76					
77					

List1 List2 List3 +

Normal View Ready

Spina bifida



- **Folic?**
 - Vit B
 - Reduces the risk up to 70% - BEFORE PREGNANCY
- **Natural sources**
 - Vegetables, fruit, juices
 - Insufficient
- **How much?**
 - 400 mcg (0.4 mg)
 - High risk (history) 4000 mcg (4.0 mg) three months

Ireland example



- 225 998 births, 236 NTD, 1.04/1 000
- 0.92/1 000 in 2009 to 1.17/1 000 in 2011
 - 45% (n = 106) had anencephaly
 - 49% (n = 115) had spina bifida
 - 6% (n = 15) had an encephalocoele
- Peri-conceptional folic acid supplement intake was 13.7% among the 52.5% (n = 124) of cases whose folic acid supplement intake was known.
- ?mandatory folic acid food fortification

McDonnell R et al. Neural tube defects in the Republic of Ireland 2009-2011. J Public Health 2014

Something new?



- Neural tube defects (NTDs) have **not** significantly decreased in prevalence over the last 10 years, showing that efforts to prevent NTD with periconceptional folic acid supplementation have been largely unsuccessful.

Newsletter, 22nd december 2014

Spina bifida



- **Antiepileptics**

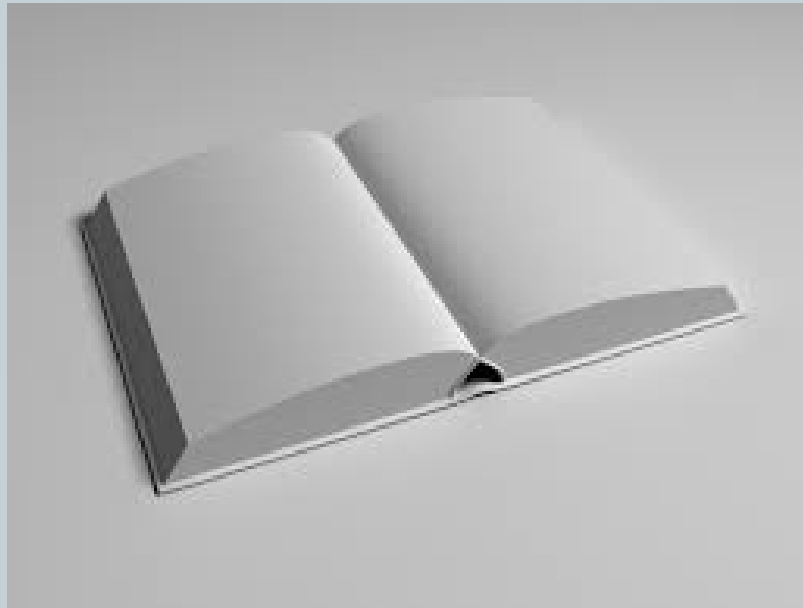
- Valporate, filate use, increasing the dose
- Jentink et al. Does folic acid use decrease the risk for spina bifida after in utero exposure to valproic acid? Pharmacoepidemiolog Drug Saf 2010;19:803
 - OR – with folic acid

not exponated	0.5 [95%CI: 0.3-0.7]
eksponated	1.0 [95%CI: 0.1-7.6].
- Conclusion not possible
- Folic acid may not reduce the risk of spina bifida realted to valoprate use, but reduces the risk in general
- Inconclusive regarding the dose
- Croatia: “Why not?” principle, 10 times the normal dose

Spina bifida

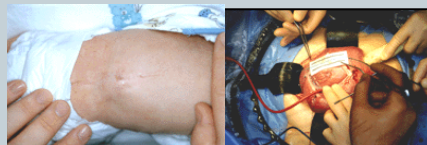


Intrauterine surgery



www.nih.gov 2014

Adzik NS. Sem Pediat Sur, 2013



Spina bifida



LABOR AND DELIVERY

- CAESAREAN SECTION IS THE COMMONEST WAY, mandatory if breech, possible if there is no makrocephaly

Wilson RD et al J Obstet Gynaecol Can 2014;36:927

- Is Cesarean helpful regarding neonatal outcome – remains open question

Hill AE and Beattie F. Eur J Paediatr Surg 1994;4:32

- No benefit of Cesarean in there is no other indication

McLone DG and Bowman RM. Up-to-Date 2014

Croatia: Common sense... (menaing Caesarean)

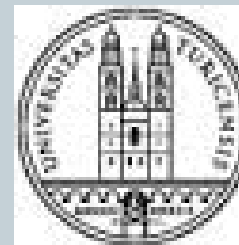


Post natal management Croatia

- Postdelivery care - O & G
- Postnatal surgery – 5 centres
- On average 20 year (+/-3) HALFED IN RECENT YEARS
- Postnatal transfer
Graz, Austria
(rare)

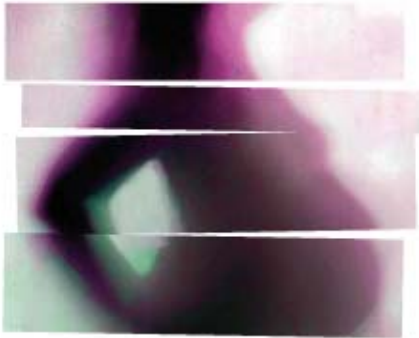


Colaboration



**University of
Zurich** ^{UZH}

Thank you



6th Congress of the
South-East European
Society of Perinatal Medicine

Zagreb / CROATIA 4-6. 12. 2015.

