

Fetal Lung Volume Gain With FETO 'Impressive'

BY SHARON WORCESTER
Southeast Bureau

MIAMI BEACH — Fetoscopic endoluminal tracheal occlusion, or FETO, results in "impressive" relative increases in lung volume in cases of severe congenital diaphragmatic hernia, Dr. Jacques C. Jani reported at the annual meeting of the Society for Maternal-Fetal Medicine.

In eight fetuses with the condition who underwent FETO, and who were followed

by regular magnetic resonance imaging beginning at 24-26 weeks' gestation, the mean relative increase in lung volume from first MRI to near birth was 110%, compared with 22% in eight fetuses managed expectantly, said Dr. Jani of the University Hospital Gasthuisberg, Leuven, Belgium.

The mean maximal increase in lung volume in the FETO patients was observed 4 weeks after treatment. The volume decreased by 23%, compared with the post-treatment maximum, following balloon re-

moval, which typically occurred at 34 weeks' gestation, but volume remained higher than in those managed expectantly.

The fetuses in the FETO group all had severe congenital diaphragmatic hernia (CDH), which by definition involves liver herniation into the chest cavity. The eight who did not undergo FETO were managed expectantly either because the cases were less severe (six cases) or because FETO was denied (two cases).

Further evaluation of the fetal liver in

those managed expectantly showed that liver herniation, present in half of the cases, was associated with lower increases in lung volume; the increase was only 9% if the liver was herniated, compared with 35% when the liver was down, Dr. Jani noted.

The findings show that liver position is an important factor for predicting lung volume gains in fetuses with CDH, and that in severe CDH, FETO is effective for increasing lung volume. These effects persist after in utero balloon removal, he said. ■

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