

A case of foetal surveillance in setting of foetal cardiac rhabdomyomas

Dr Lauren French and Dr Roberto Orefice, Centenary Hospital for Women and Children, Canberra, ACT.

BACKGROUND

Foetal cardiac rhabdomyoma's are the most common diagnosis of foetal intra-cardiac tumours identified. They are often benign, however cases of clinically significant arrhythmias have been documented.

CASE PRESENTATION

A 40-year-old G11 P8, with 8 prior vaginal births, was referred at 26/40 for foetal ectopic beats, in an otherwise previously structurally normal heart. On ultrasound at 35+6/40, the foetus was identified to have multiple small intra-cardiac tumours with an irregularly irregular heart rate. She underwent IOL at 39/40 and intrapartum CTG monitoring was used with an FSE. The intrapartum CTG (Figure 1) demonstrates an uninterpretable CTG. She had a vaginal delivery of a male baby weighing 4200g with APGARs of 8 and 9 (1 and 5 min). The newborn was admitted to the NICU for monitoring and was subsequently diagnosed with Tuberous Sclerosis on further testing.

SUMMARY

In the presence of a known foetal arrhythmia, the use of CTG can increase the risk of unnecessary intervention, such as caesarean section and preterm delivery, as it cannot be correctly interpreted.

