

## INTRODUCTION

Ballantyne first described hydrops fetalis in 1892.1 Hydrops fetalis is the Latin word for edema of the fetus. It is a condition in which there is an accumulation of interstitial fluid in at least two body cavities (pleural, peritoneal, Pericardial) or one body cavity in association with anasarca.

Other features include fluid accumulation in soft tissue with thickness more than 5 mm. In addition, sometimes, it is also commonly seen with polyhydramnios and a thickened placenta more than 6 cm in 30–75% of patients. Some hydrops fetuses also have hepatosplenomegaly.

## CASE REPORT:

- A 23 yr old lady G2A1 came to O&G OPD for routine ANC check up @ GA 21 wks.
- Her vitals were stable.
- P/A-Uterus was 24wks size, cephalic, FHR-132beats/min
- P/V-Cervix was long, soft & both internal and external os was closed
- Routine investigations were normal.
- **Blood Group was A-ve. ICD-+VE**
- USG(TIFFA SCAN)-

Bilateral Pleural effusion, ascites, increased amniotic fluid volume, placentomegaly, elevated peak systolic velocity (PSV) measured in the middle cerebral artery (MCA) - is associated with variable biparietal diameter and abdominal circumference - Large for gestational age, increased scalp thickness, increased abdominal skin thickness

## TREATMENT:

As per the desire of the couple, pregnancy was terminated in view of poor prognosis of the foetus. Anti-D immunoglobulin was administered to the patient immediately after termination of pregnancy.



## DISCUSSION

The incidence is approximately 1 in 2,500 to 1 in 3,500 neonates. The disease has two types depending on its etiology comprise of an immune type and a nonimmune one (90%). Causes of Immune HF are Rh incompatibility. Causes of non immune HF are Cardiac anomaly, chromosomal anomaly, infections, fetal anemia. The discovery of treatment of RhD isoimmunization led to decrease the rate of prevalence and death of immune hydrops fetalis. If the condition is very severe, early pregnancy (less than 24 weeks of pregnancy), sinusoidal fetal heart rate, elective termination of pregnancy is considered. If the gestational age is between 24 and 34 weeks, fetal anemia correction with intrauterine transfusion is considered. If the gestational age is above 34 weeks, with confirmation of lung maturity fetus is delivered and postnatal exchange transfusion is done.

## CONCLUSION

The prognosis of hydrops fetalis depends on its underlying cause, the gestational age at diagnosis, and the severity of the condition. Early identification and management of the underlying etiology are crucial. Although a vaccine is available to treat RhD isoimmunization, some mothers may not be able to get it in time. Increasing awareness and health education and providing excellent primary care in rural areas would reduce the mortality rate among neonates.