

Antenatal diagnosis of anencephaly: A case report

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ABSTRACT: Anencephaly is a congenital malformation of the nervous system. It's the most common neurological malformation after spina bifida. Its diagnosis is antenatal and a medical termination of pregnancy is recommended.

KEYWORDS: Anencephaly, lethal malformation, medical termination of pregnancy.

1 INTRODUCTION

Anencephaly is the absence of brain, cranial vault and scalp [1]. It's a lethal malformation that represents 40% of neural tube defects (NTDs). It is the second cause of nervous system abnormalities after spina bifida [1,2,3]. It touches 1/1000 births. The diagnosis is made by ultrasound of the 1st trimester [3].

In 80% of cases, anencephaly is an isolated malformation, and its causes may be iatrogenic, toxic, metabolic, nutritional or chromosomal.

In rare cases it is associated with other neurological malformation such as spina bifida or other malformations.

2 OBSERVATION

A 42 years old woman, gesture 5 parity 3, with link of first degree consanguinity and a history of early miscarriage, she had 3 vaginal deliveries, 3 living children without notable malformation. This Patient was admitted for first pregnancy check at 17 week of amenorrhea. The clinical examination was normal and the ultrasound showed a progressive single-fetal pregnancy corresponding to 17 weeks of amenorrhea with: absent cranial vault, absent frontal bones, prominent eyebrows and bulging eyes. the rest of the morphology was without abnormality.

The diagnosis of anencephaly was retained. the decision was to carry out a medical termination of the pregnancy after consent of the couple.



After blood tests and induction in labor with misoprostol according to the FIGO protocol 2017: 400 ug every three hours.

Uterine contractions began after the second pose and 5 hours later, she expelled a female fetus and the placenta in one piece. The ultrasound control confirmed uterine vacuity. There were no complication after the MTP.

We hadn't notice any other malformation than anencephaly.



3 DISCUSSION

Anencephaly is the second most common neural tube malformation after spina bifida. It represents 40% of NTDs [2,4]. The number of cases of anencephaly assessed worldwide is low, 1 case for 1000 births. This proportion varies from one country to another.

Epidemiological studies on NTDs including anencephaly made it possible to incriminate certain etiological factors. In our observation we noticed the notion of consanguineous marriage. Maternal age and parity are also risk factors. Studies concerning the influence of maternal age on the occurrence of an anencephaly NTD were contradictory [5,6].

Antenatal diagnosis of anencephaly can be made only by first trimester ultrasound. Anencephaly being defined by the absence of frontal bones above the orbital frames and the absence of brain tissue [1,7,8,9].

Once the diagnosis of anencephaly has been made, the therapeutic decision was to carry out a medical pregnancy termination. The protocol according to the recommendations on safe abortion were practiced.

4 CONCLUSION

Prenatal diagnosis of anencephaly provides better information to parents and makes it possible to consider medical termination of pregnancy. Folic acid supplementation before conception helps prevent recurrences or the occurrence of anencephaly.

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