Intrauterine Surgery—Choices and Limitations
by Dr. med. Anke Diemert, Werner Diehl, Peter Glosemeyer, Prof. Dr. med. Jan Deprest, Prof. Dr. med. Kurt Hecher in volume 38/12

Intrauterine Surgery in Infravesical Obstruction

Regarding the subject of infravesical obstruction I would like to mention that the PLUTO study by Morris and Kilby cited by the authors (1) was stopped early: parents of affected unborn babies were given hope that intrauterine shunting of the bladder would result in improved fetal outcomes (lower mortality) because of prevention of pulmonary hypoplasia and not of improved renal function (morbidity).

The infants in whom shunts were placed using intrauterine surgery did not die from pulmonary hypoplasia any more but survived with very poor renal function, which means dialysis from an early age and transplantation later on. The fact that such critical nuances are explained to parents in the counseling has led to a situation in which increasing numbers of parents decide on a termination or non-intervention, not in favor of this randomized study. Due to the small number of cases the study was stopped before completion. All preceding studies on this subject showed that in this heterogeneous condition, patient selection is the decisive factor in order to reach a valid conclusion about which group might benefit from fetal surgery. Poor renal function has been described in the outcomes of all of these studies.

Parents and treating doctors should not be given false hopes. There is no proof that intrauterine shunting saves or preserves renal function.

The PLUTO study showed that the only sensible intervention in fetal infravesical obstruction is termination of the pregnancy. DOI: 10.3238/arztebl.2013.0134a

REFERENCES

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Results Turned on Their Head

Diemert stated that the development of minimally invasive techniques should be promoted, as a consequence of the invasiveness of open fetal surgery for the treatment of unborn babies with myelomeningocele. She mentions a fetoscopic approach that I originally developed, but she attributes “sobering” results to it because of “a high rate of complications.” Unfortunately she reports outdated information and therefore refers to merely the first 19 of almost 70 treated patients. This has certain consequences.


The early pediatric neurological results of the past two years are very encouraging as they have shown surprisingly good leg function in a majority of the children. Improvements of the type 2 Chiari malformation and a reduced need for postnatal shunt placement have also been observed regularly, along with a low rate of maternal and fetal complications, a fetal mortality of less than 3% (1/40) and delivery beyond 30 weeks of gestation in about 85% of cases.

Diemert and colleagues turned these results on their head—with grave consequences for pregnant women with sick unborn babies. In view of this faulty conclusion, large numbers of affected women will continue to opt for a termination. At least a proportion of the babies that are born in spite of the disorder, but without prenatal treatment, can be assumed to have a notably poorer start in life. DOI: 10.3238/arztebl.2013.0134b

REFERENCES

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