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<td><strong>Author(s)</strong></td>
<td>Sin, SY; Tang, MHY; Chan, KL</td>
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P37  Labour outcome of low-risk multiparas of forty years and older.  
A case-control study

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Hong Kong, China

Methods: Between January 1, 1994 and December 31, 1997 a total of 76  
low risk multiparas of 40 years and older with spontaneous onset of  
labour were compared with 152 younger (25-30 years old) low risk  
multiparas of similar parity in a case-control study. The labour and  
perinatal outcomes of the two groups were compared.

Results: The duration of the first stage of labour was longer (233  
minutes versus 149 minutes, P<0.0005) in the older women. Significantly  
more older multiparas were complicated by intrapartum fetal distress (6.6%  
versus 1.3%, P<0.05); received intramuscular analgesia (11.8% versus  
2.6%, P<0.01); and had operative deliveries (17.1% versus 4.6%,  
P<0.01). The incidence of instrumental delivery (11.8% versus 3.9%,  
P<0.05) and Caesarean section (5.3% versus 0.7%, P<0.05) were higher  
among older multiparas. The incidence of syntocolon augmentation,  
prolonged second stage of labour, episiotomy and third stage  
complications such as perineal tear, primary postpartum haemorrhage,  
and retained placenta were similar in both groups. Both groups had  
similar perinatal outcomes.

In conclusion: low-risk advanced age multiparas with spontaneous  
labour were at higher risk of fetal distress and operative deliveries. These  
women should be treated as the other high-risk pregnancies with appropriate  
precaution, such as continuous fetal heart monitoring and cross-matching  
during labour. These women should be counselled and made aware of the  
increased risk during labour.

P38  In utero pleuro-amoiotic shunting in fetuses with chylothorax

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China

Introduction: Pleural effusion occurs in 1 per 10,000 deliveries. Chylothorax with or without  
ydrops fetalis, the commonest cause of isolated pleural effusion in neonates, is associated with  
high perinatal mortality due to pulmonary hypoplasia. We present 4 fetuses with chylothorax  
managed with in utero pleuro-amoiotic shunting in the past 14 months at Kwong Wah Hospital.

Procedure & results: All fetuses had diagnostic thoracocentesis and Fetus 1 & 4  
showed prompt re-expansion of lungs. Three of the fetuses had `double pigtailed' catheter and one  
had `double-flower' catheter inserted. All the procedures were performed under local anaesthesia  
without sedation of the fetus. Prophylactic tocolytics was not given. All the drains remained in  
situ until delivery. Obstruction by vernix occurred in one of the `double-flower' catheter and one  
retained catheter required removal with local anaesthesia postnatally. One intraterine death  
occurred 1 day after the procedure. Early neonatal death occurred to Baby 2 with clinical features  
of pulmonary hypoplasia. The other two survived and remained well at 2 and 15 months of age.

<table>
<thead>
<tr>
<th>Fetus</th>
<th>Site</th>
<th>Lymphocyte count in effusion (%)</th>
<th>Hydrops Fetalis</th>
<th>Umbilical Vessel Doppler</th>
<th>Gestation (weeks) at Diagnosis</th>
<th>Shunting</th>
<th>Birth</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>R</td>
<td>99</td>
<td>No</td>
<td>Normal</td>
<td>29</td>
<td>29+</td>
<td>36</td>
<td>Alive; well</td>
</tr>
<tr>
<td>2</td>
<td>R+L</td>
<td>99</td>
<td>Yes</td>
<td>REDF-PUV</td>
<td>32</td>
<td>32+</td>
<td>33</td>
<td>Early NND</td>
</tr>
<tr>
<td>3</td>
<td>R+L</td>
<td>94</td>
<td>Yes</td>
<td>REDF-PUV</td>
<td>27+</td>
<td>28</td>
<td>31</td>
<td>IUD</td>
</tr>
<tr>
<td>4</td>
<td>R+L</td>
<td>99</td>
<td>Yes</td>
<td>Normal</td>
<td>30+</td>
<td>31</td>
<td>35</td>
<td>Alive; well</td>
</tr>
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</table>

REDF: reverse end-diastolic flow in umbilical artery  
PUV: pulsatile intrahepatic umbilical vein  
NND: neonatal death  
IUD: intraterine death

Discussion: In the fetus, pleural effusions are nonspecific collections. Establishing the  
underlying aetiology is of paramount importance as this will determine the prognosis and the  
treatment modalities offered. Although being controversial as diagnostic finding for fetal  
chylothorax, the four fetuses presented have pleural lymphocyte counts of >80%. Structural  
abnormalities were excluded by detailed ultrasonography. Chromosomal analysis and infection  
screening were negative. Pleuro-amniotic shunting is a selective in utero intervention. The  
purpose for shunting is to reduce pulmonary compression and the secondary pulmonary  
hypoplasia and hydrops fetalis. Risk and benefit considerations should include the technical  
difficulties involved, the gestational age, the procedure related complications and mortality.

Conclusion: From our experience, prompt re-expansion of lung during prior thoracocentesis appeared to be a good prognostic sign. On the contrary, hydrops and abnormal Doppler at presentation seemed to predict an irreversible compromised state. These will add to 
our selection criteria before in utero intervention.