



HOSPITAL UNIVERSITARI DE VIC
CONSORCI HOSPITALARI DE VIC

**XXXI JORNADA CATALANA
DE DIAGNÒSTIC
PRENATAL ECOGRÀFIC**



**Auditori Palau
de Congressos**

**22 de Març 2024
Girona**

Obstrucció del tracte urinari inferior

*Guijarro L., Merced C., Estopiñá N.,
Miravitllas L., Ribera I.*

*Ponent: Lara Guijarro Baude
Resident 2n any*

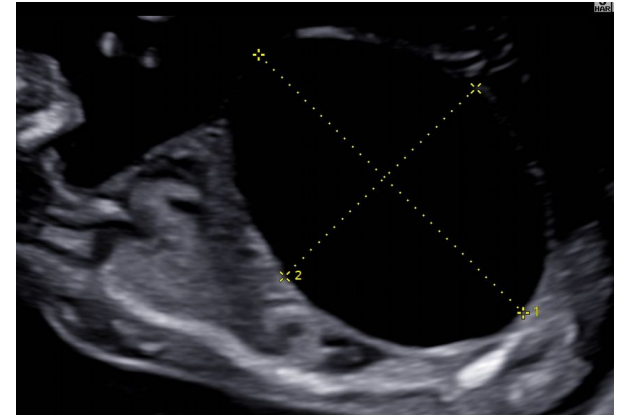
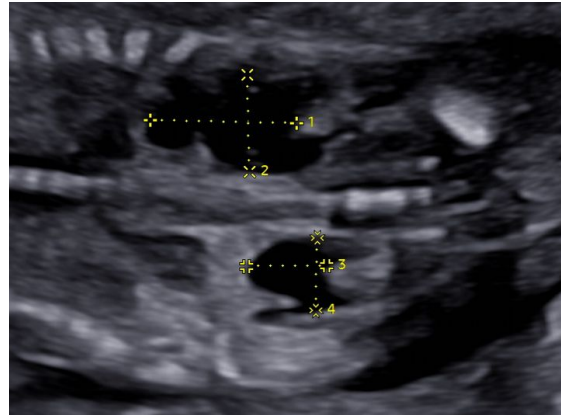
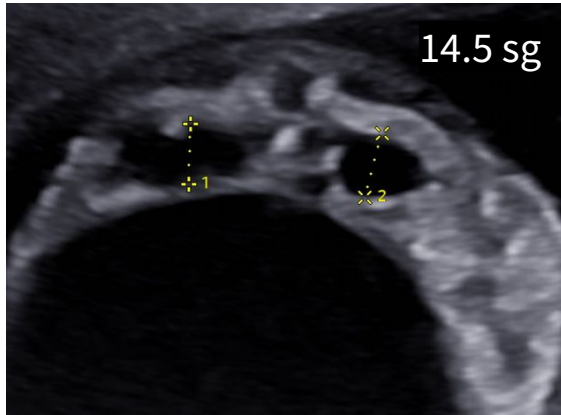
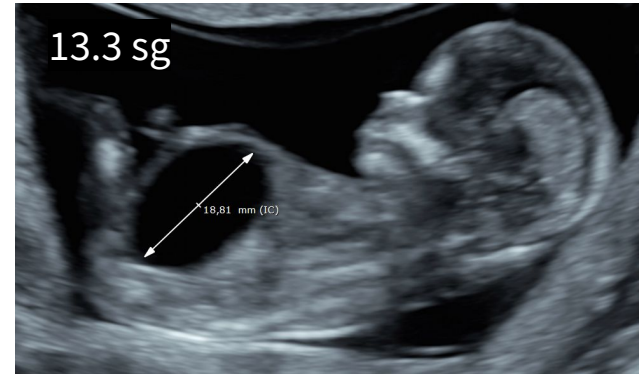
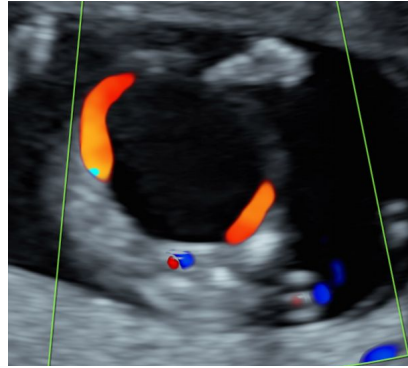
Presentació cas clínic

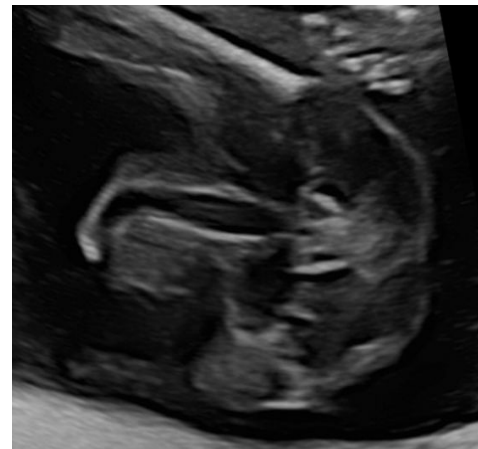
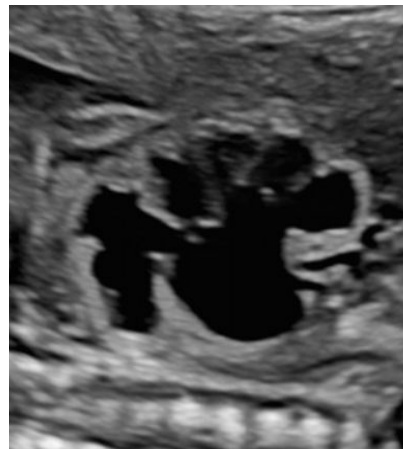
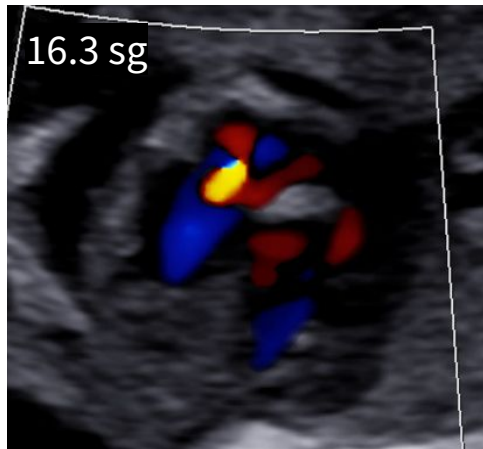
28 anys, ètnia africana

TPAL 0000

No AP rellevants

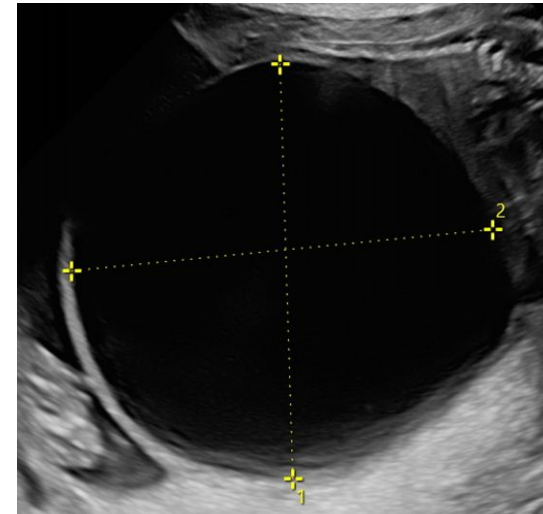
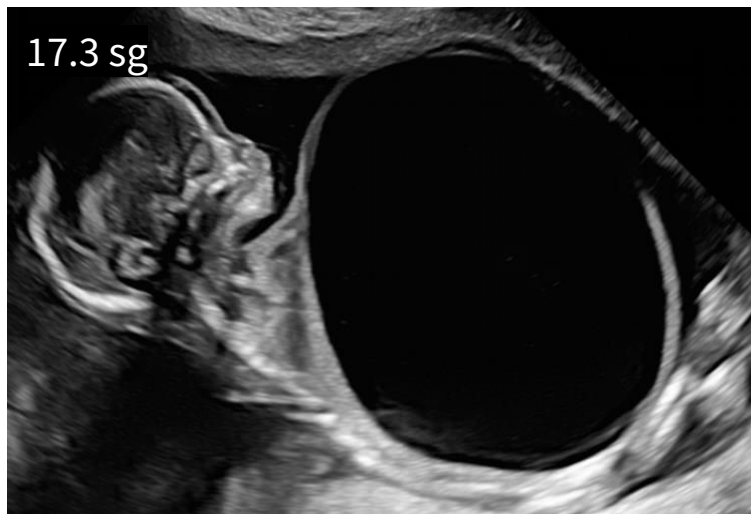
- Ecografia 1r trimestre (13.3 sg): Distensió abdominal a expenses de **megabufeta**. TN 2.0 mm, no marcadors 2aris.
- Cribratge combinat 1rT: Baix risc

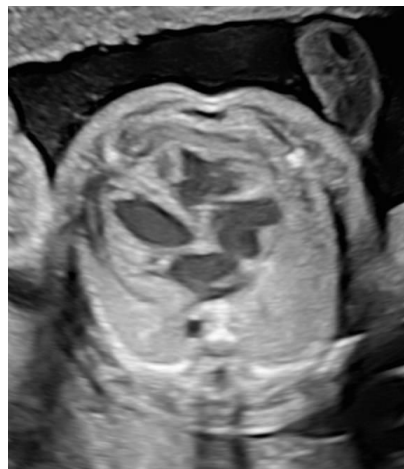
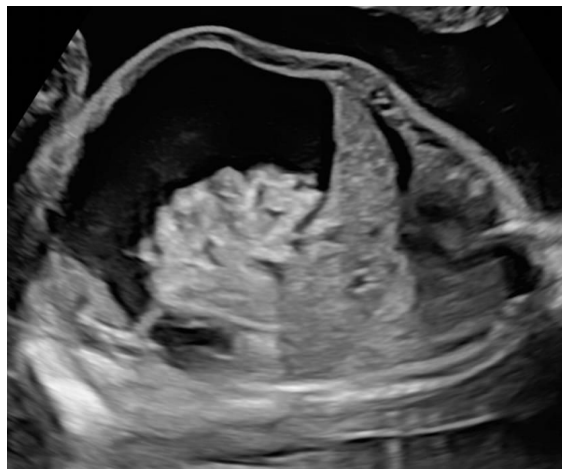
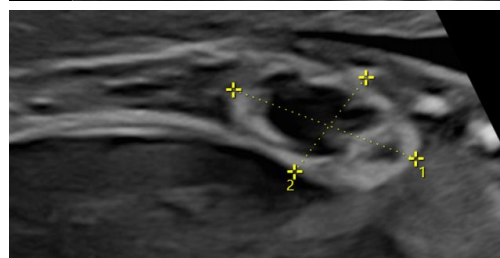
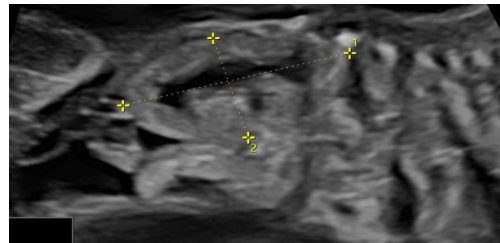
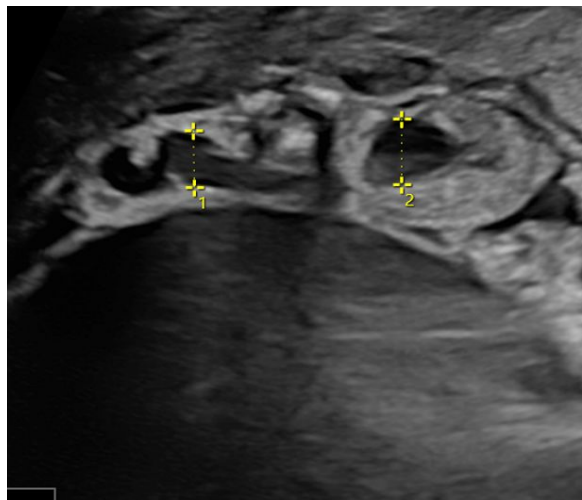


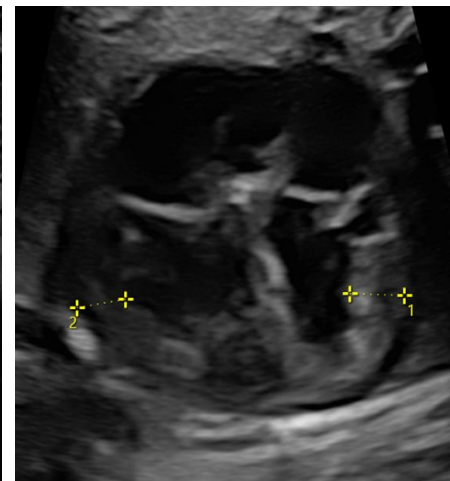
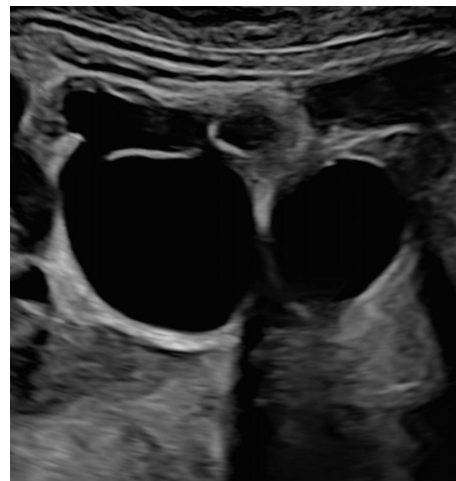
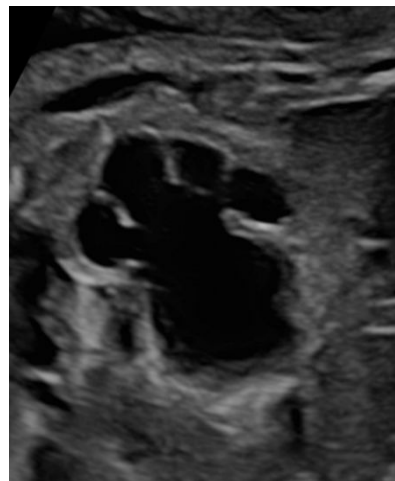
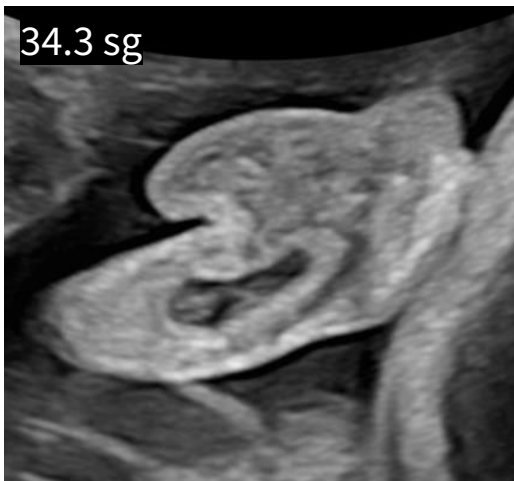
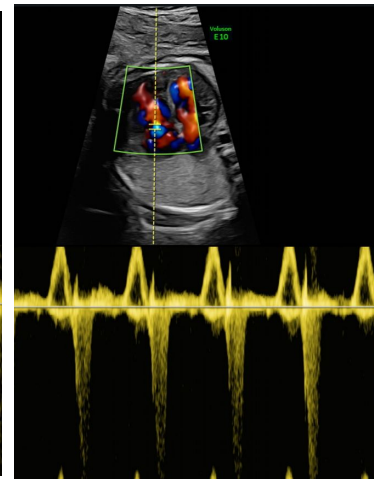
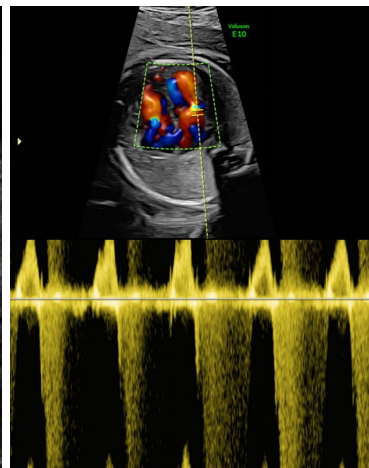
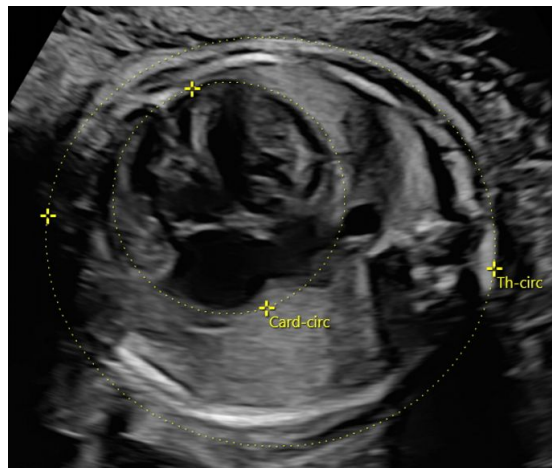
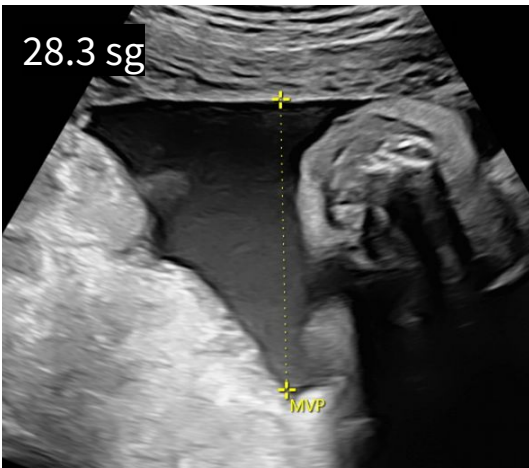


Amniocentesi 15.3 SA:
 - Estudi genètic: QF-PCR i
 array-CGH normals
 - PCR infeccions: negativa

Vesicocentesi 15.3 SA →
 β 2-microglobulina 3.44
 Repetició 17.3 SA →
 β 2-microglobulina >4







Inducció del part a centre de
3r nivell per vasodilatació ACM.
Cesària per inducció fallida



Nadó viu, APGAR 7-8-8, pHs CU
correctes.

Hipoplàsia de musculatura abdominal
a línia mitja, criptorquídia bilateral
→ **Prune belly syndrome**



Prune belly syndrome

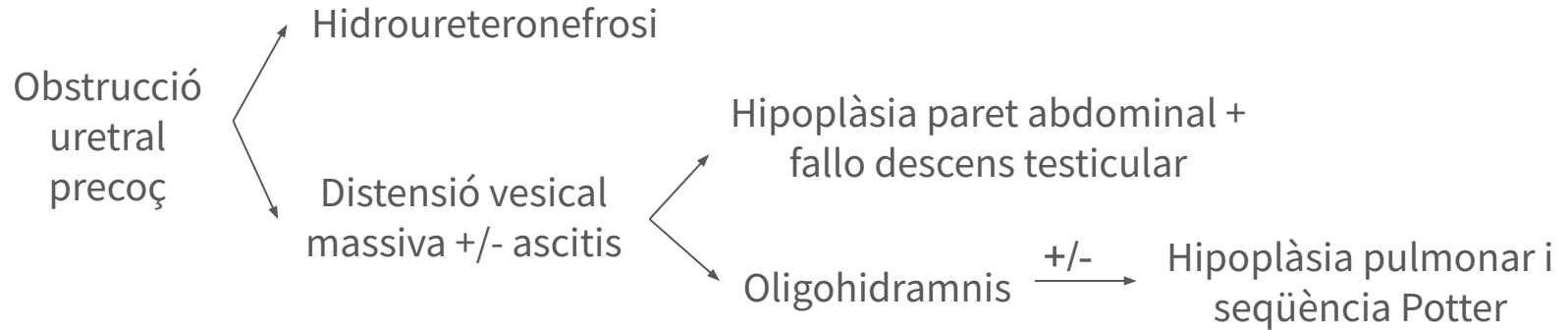
95% sexe genital masculí

Prevalença desconeguda (USA 1/26.500)

Esporàdic > AR (CHRM3 cr 1q43) > AD i lligada a X

Patogènesi: Obstrucció uretral,
defecte desenvolupament mesodèrmic

Uropatia obstructiva fetal (FOU)



Pronòstic

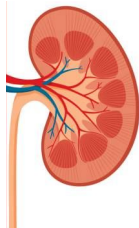
Etapa neonatal: **Hipoplàsia pulmonar**

↳ Oligo-anhidramnis i
EG a l'aparició



Llarg termini: **Funció renal**

↳ No marcadors
individuals predictors
($\beta 2$ -microglobulina $\rightarrow$
cal + validació)



Factors prenatals predictius del pronòstic:

- Volum LA, EG a l'oligohidramnis (<20 setm)
- Volum vesical
- Aspecte renal: ecogenicitat, quists corticals, displàsia renal
- BQ orina fetal
- BQ líquid amniòtic i sang fetal

Etapa neonatal

Dificultat alimentació
→ SNG amb bomba d'alimentació



Miocardiopatia no compactada, amb bona funció biventricular
→ No ha requerit tractament



- IRC compensada
- Hidronefrosi bilateral
→ Doble ureterostomia a 1 mdv
- ITUs de repetició (E Coli BLEE i E Cloacae)



**Pendent estudi genètic*

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Gràcies per la seva atenció