Fetal Education Series Tuesday 14th September, 2021 Children's Mercy Hospital, Kansas City MO

Prenatal Diagnosis of Coarctation

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Objectives

- Review the aortic arch anatomy and prenatal aortic arch physiology.
- Review the imaging approach for the prenatal diagnosis of coarctation of the aorta.
- Review the echocardiographic characteristics of fetal coarction.
- Review some representative cases of fetal coarctation.





Aortic Arch

- Aortic arch: the part of the aorta that transitions from the ascending to the descending aorta
- Aortic arch anomalies:
 - Anomalies of the position or the branching pattern of the aortic arch alone or in combination
 - Aortic arch anomalies of size and patency







Physiology of the Fetal Circulation







Evaluation of the Aortic Arch

- The left- or right- sidedness of the aortic arch relative to the trachea and main bronchus
- The branching pattern of the head and neck arteries of the aortic arch (absence/presence of an aberrant subclavian artery)
- The left- or right- sidedness of the ductus arteriosus
- The size of the aortic arch segments
- The sidedness of the descending aorta





How do we do it with a fetal echo?



From 'Echocardiographic anatomy in the fetus' E.Chiappa et al, Springer Verlag, 2008





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Coarctation of the aorta

- A narrowing of the lumen of the aortic arch (usually at the isthmus, hypoplasia)
- Occurs in 0.3 per 1000 live births, accounts for 6-8 % (5%) of CHD, is more frequent in males, occurs in Turner's syndrome and there is a genetic substrate
 - Hemodynamic theory
 - Ductal tissue theory
- Only 10-15% of the fetal CO passes through the isthmus
- Even in the current era only 30 50% is diagnosed
- One-to-two thirds of the suspected fetuses actually develop it



From, 'Nadas Pedatric Cardiology', Philadelphia PA, Saunders Elsevier



Transverse Sweep to Three Vessels









Evaluate the Aortic Branching



LOVE WILL.



Fetal Medicine Foundation, Prof K. Nikolaides





- RV LV asymmetry
- Intracardiac and other signs
 - Narrow LVOT
 - VSD with posterior malalignment
 - Unbalanced AVC
 - DORV
 - Dilated coronary sinus
- Hypoplasia or tortuosity of the isthmus
- Use 2D, color and flow Doppler







LV – RV asymmetry in the fetus

- Coarctation
- Bicuspid Aortic Valve
- Structural Mitral Valve disease
- LSVC to coronary sinus
- Interrupted IVC with azygos continuation
- TAPVR or PAPVR
- CNS anomalies
- Genetic syndromes
- Normal fetus





































































Coarctation in the fetus - IAA













Coarctation - Relevant findings

- Bidirectional flow at the atrial septal level
- Absence of growth of the isthmus in serial exams
- Visualization of a shelf or discrete narrowing
- Continuous forward flow in the isthmus on color Doppler imaging
- Low-velocity persistent forward flow with low PI on PW Doppler imaging
- Aortic isthmus z-score <-2 on 3V view, and tracheal view
- Isthmus to ductus arteriosus diameter ratio < 0.74 on the 3VV or 3Vtracheal view
- Transverse aortic arch diameter <3 mm when GA > 30 wks
- AoV to PV annulus ratio less than 0.6 in the VOT views and MV to TV annulus ratio <0.6 in the four chamber view
- MPA-to-AsAo ratio of more than 1.6





Coarctation – Why is it important?

- Delivery planning
- Postnatal management
- Genetic counseling







Coarctation – Counseling

- Mention co-existing anatomic anomalies
- Explain possibility of
- Mention co-existing genetic anomalies







Coarctation – Genetics

- Turner syndrome
- PHACE association
- 22q.11 deletion
- VACTERL association
- Kabuki syndrome







Coarctation – Timing of Diagnosis



2021, Journal of Clinical Medicine, Gomez-Montes et al







