Prenatal diagnosis of coarctation of the aorta.

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Coarctation of the aorta (Coa) is frequently not detected at obstetric scanning, and when suspected prenatally presents a significant rate of false positive cases (right heart chambers enlargement). We report the experience in its prenatal diagnosis in 4 tertiary health care centers in Argentina, Brasil and Cuba. Methods: We reviewed fetal echocardiogram records and clinical records of 86 patients with prenatal suspicion of Coa or Interruption of the aortic arch (IAA) in a ten-year period, from December 2002 to December 2012. Cases with prenatal suspicion of Coa or IAA and postnatal follow up of a minimum of 1 year were included. Patients with associated complex congenital heart and those lost to follow up were excluded. Results: From 51 selected cases, 32 presented Coa, 4 had IAA, and 15 had mild hypoplastic or normal aortic archs. In the latter group 4 cases had mildly restrictive ductus arteriosus and in one case a restrictive foramen ovale. In the group with Coa, 19 cases had a ventricular septal defect and 16 had bicuspid aortic valve. Five patients developed Coa at or after 15 days of life. Conclusion: Prenatal diagnosis of Coa or IAA poses many difficulties, false negatives being the main problem, restriction of the ductus arteriosus or of the foramen oval might explain some of the false positive cases.