Insulin-dependent diabetes: 0.5% of all pregnancies.
3%-5% of woman gestational diabetes.

**IDM : CARDIAC PROBLEMS**
- Hypertrophic cardiomyopathy: up to 30% of IDMs
- May lead to congestive heart failure: 10% cases
  (Congestive lung fields, hepatomegaly, low output state)
- Congenital cardiac malformations: VSD, TGA, DSA, DORV, TAC, dextrocardia

To present the main problems in the diagnosis of cardiac involvement in newborn of diabetic mother (IDM’s).

**RESULTS**
Fetal echo: after 28 weeks of gestation 39 cases
cardiomegaly and myocardial hypertrophy of LV
11 cases confirmed postnatal
Clinical exam in newborn: **macrosomia** (40%)
**3 cases: heart failure:** at rest asymptomatic/ signs of others pathology
ECG: LVH (14 cases), ventricular repolarization disorders (30 cases)
Rx.CT: cardiomegaly (12 cases).

Doppler Echocardiography
**non obstructive hypertrophic cardiomyopathy (HCMP) - asymmetric IVS hypertrophy (34 cases-42 %)**
*not correlated with the type of DM but rather to an inadequate control of disease*
**arterial pulmonary hypertension (6 cases)**
**LV diastolic dysfunc./ N systolic func.(54 %)**
**congenital cardiac anomalies (10): VSD, ASD, PDA, TGA**

**CONCLUSIONS**
- IDMs presents a high risk for cardiac involvement, cardiac congenital malformations (16 %) or acquired cardiac diseases: hypertrophic cardiomyopathy (42 %) and disturbances of diastolic function of LV (54 % cases).
- Fetal Echo should be performed to all diabetic pregnant women and completed by a early cardiologic screening for the diagnosis of cardiac involvement in all of these newborns with or without symptoms of cardiac suffering
- Echocardiography is the most sensitive method for primary diagnostic as well as for follow up.