

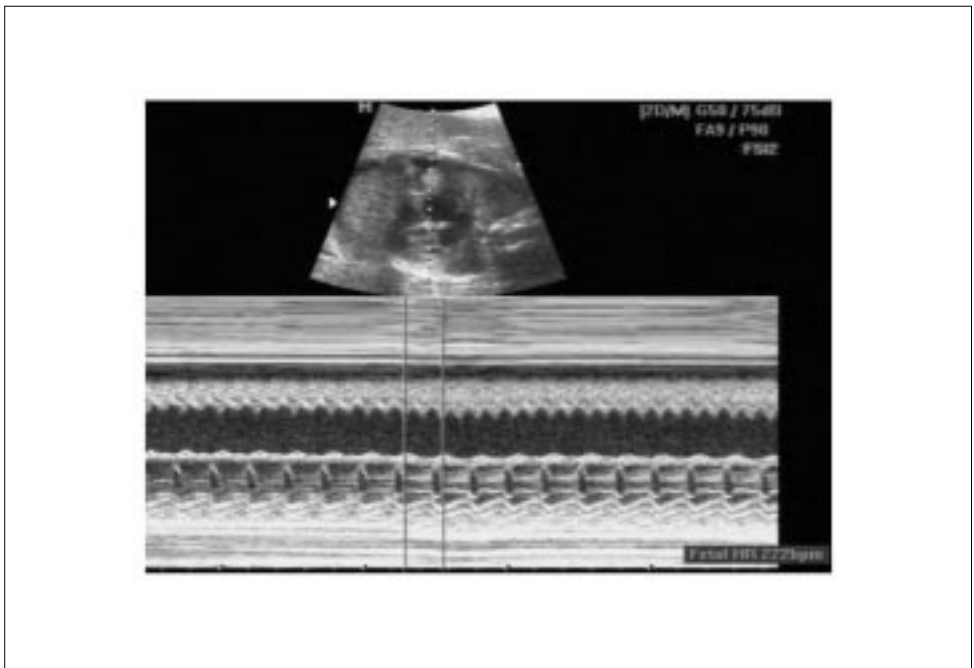
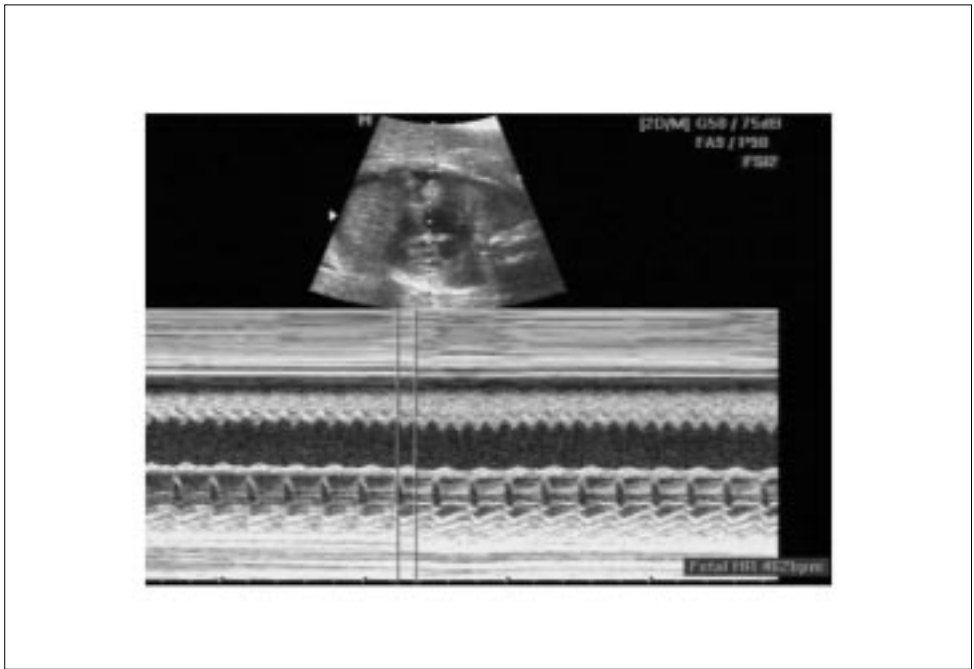
# 1

Moderator : (        )

Discussor : (        )

## 산과 CASE I

- AGE : 36
- PARA : 1-0-0-1
- Gestational Age : 31+3 WKS
- Clinical history :
  - Local triple marker 검사상 HDR 나와 본원 refer.
  - 환자 원하여 재검한 본원 Double marker 검사상 HDR.
  - PA 20wks-Genetic amniocentesis : normal  
Level II USG: normal
  - OPD F/U 중 PA 31+3wks NST시행: fetal tachycardia 발견.





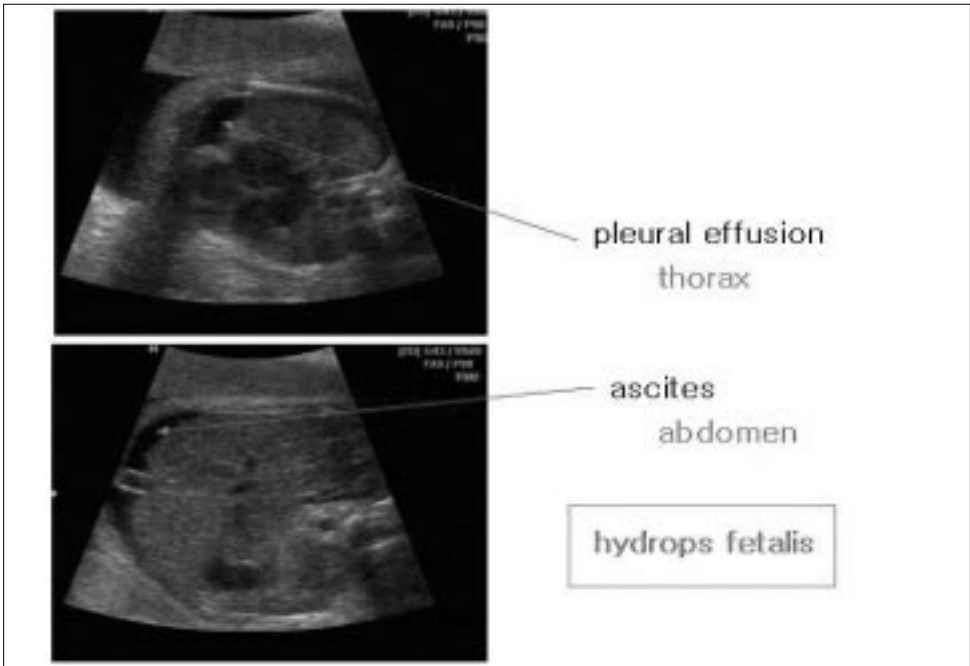
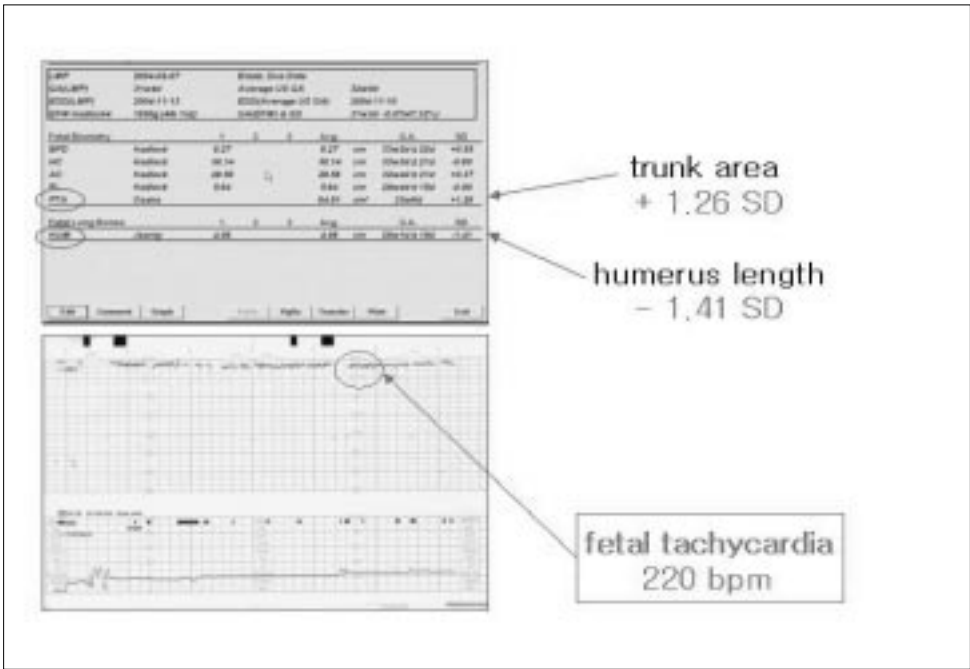
# 산과 증례 1

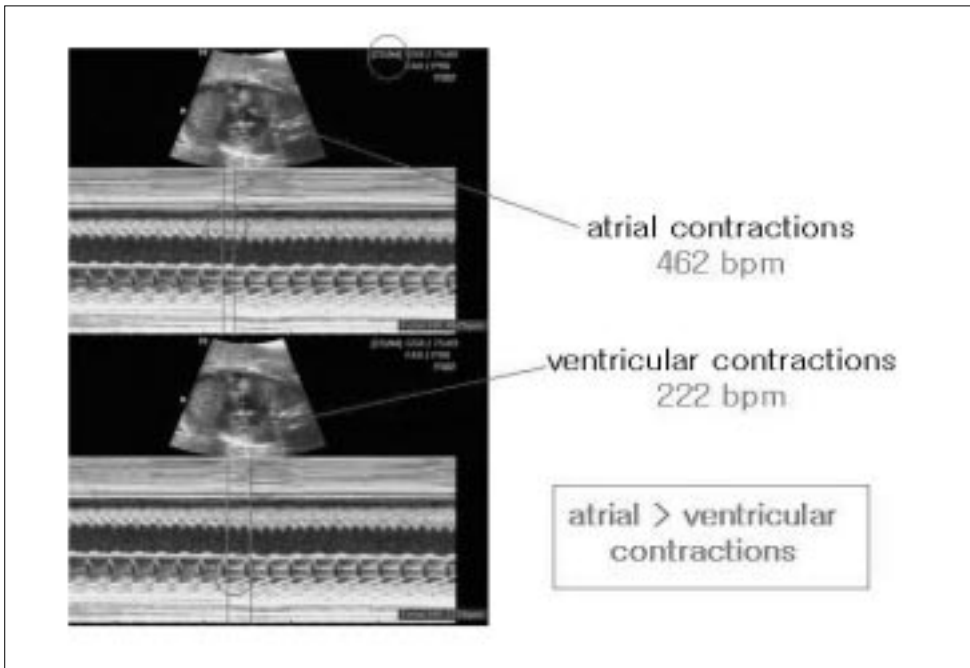
---

## Discussion

인하의대 산부인과  
고승권

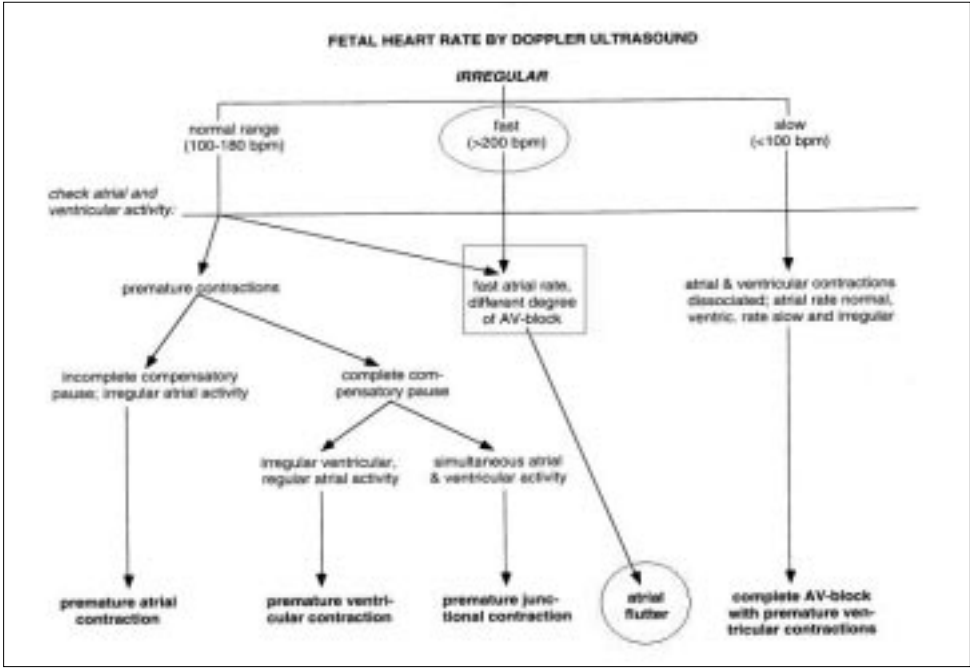
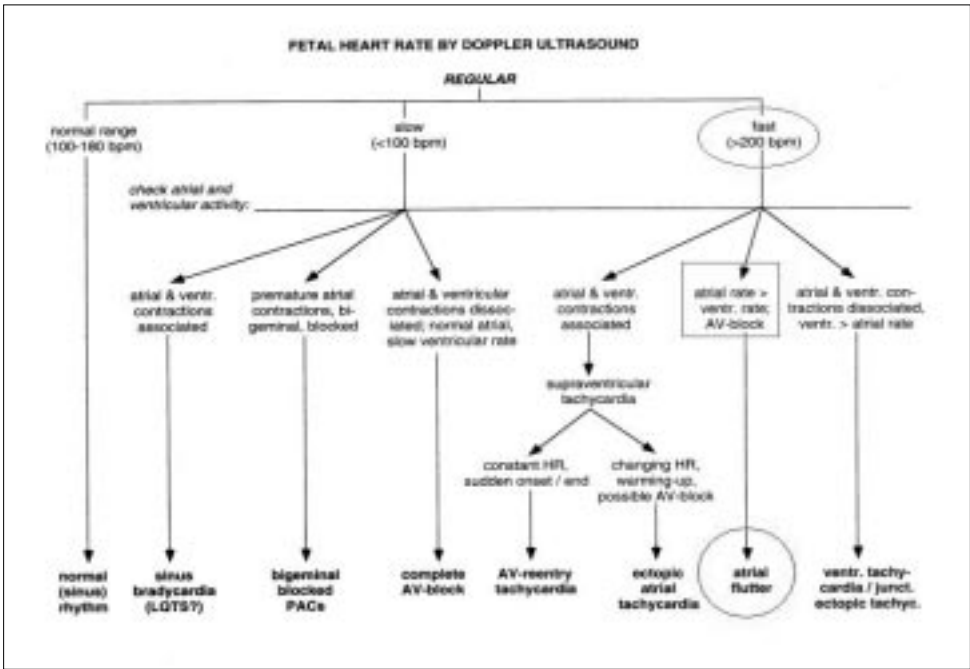
- NAME / AGE : 최 0 씨 / 36
- PARITY : 1-0-0-1
- GESTATIONAL AGE : PA 31.3 WKS
- Ix & OB history :
  - Local triple marker 검사 상 High down risk<sup>1</sup> refer
  - 환자 원하여 재검한 분만 Double marker 검사 상 High down risk<sup>2</sup>
  - PA 20wks-amniocentesis<sup>3</sup> : normal karyotype  
level II USG: normal
  - OPD f/u 중 PA 32wks , fetal tachycardia<sup>4</sup> 발견





### DDx of fetal cardiac arrhythmia

- Normal cardiac rhythm: 110~180 bpm
- Disturbance:
  - Irregular FHR
  - Abnormally slow FHR (<100 bpm)
  - Abnormally fast FHR (> 200 bpm)
- M-mode or Doppler



## Atrial flutter

- (1) regular atrial rates = 400–550 bpm
- (2) variable AV block
  - ventricular rate < atrial rate
  - : usually above 200 bpm untreated
- (3) although usually sustained,  
atrial flutter can be non-sustained

## Fetal hydrops

- serious, threatening
    - if atrial flutter causes hydrops
  - may be associated with
    - fetal death or neurological damage
- severe cerebral hypoxic-ischemic lesions  
intraventricular hemorrhage...



# Atrial flutter Fetal hydrops

---

No Structural heart disease  
Normal Karyotype