IJN
Iranian Journal of Neonatology
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Letter to Editor

Letter to the Editor regarding "Pentalogy of Cantrell: A Case Report of Probable Pentalogy of Cantrell in a Full-term Neonate"

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Keywords: Congenital anomalies, Fetal magnetic resonance, Malformation, Prenatal diagnosis

Dear Editor

The article by Khosravifar et al. published in your esteemed journal raised some questions for us, which we want to share with the readers of the journal (1).

Pentalogy of Cantrell (PC), although a rare, often fatal malformation, is well described in the literature with its three classes according to Toyama (2). In our opinion, efforts in a practical aspect should be directed to the prenatal diagnosis of the malformation. Early diagnosis of the malformation allows a decision to terminate the pregnancy, which would save the stress of the parents from the postnatal death of the child and the expenditure of public funds for the resuscitation measures and complex surgical interventions applied to him. Accurate prenatal diagnosis is extremely important for the eventual planning of therapeutic behavior based on the severity of malformations and specific defects, in case the parents decide to terminate the pregnancy. The anomaly can be prenatally diagnosed using a two-dimensional or three-dimensional sonographic examination combined with a Doppler examination for higher accuracy (3).

According to Türkçapar et al., transvaginal sonography allows for obtaining better images of the defects, which increases the accuracy of the diagnosis at an earlier gestational age (4). We agree with Khosravifar et al. that the earliest prenatal diagnosis of PC is possible between 9 and 11 weeks of gestation provided that an ectopic heart and omphalocele are present (1). In their absence, it is necessary to repeat the examination during the second and third trimesters of pregnancy, when it is possible to visualize smaller anomalies present, such as thoracoabdominal or heart defects, which are present in the case described by them (3).

In cases where the defect is small and difficult to detect, other sonographic markers should be sought, such as transient pericardial effusion associated with omphalocele, which is usually detected in the second trimester, as well as PC-associated abnormalities, such as cystic hygroma, bilateral inguinal hernia, and others (5).

If such anomalies are suspected, it is good to perform fetal magnetic resonance imaging, which is an important complementary screening method for establishing congenital anomalies (6, 7). It is indisputable that prenatal diagnosis depends to a large extent on the expertise of the sonographer; however, it is necessary to apply a unified algorithm for performing the sonographic examination during the different periods of pregnancy.

Conflicts of interest

Prematurity and its complications are the

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Please cite this paper as:
T. Kitova T, D. Kitov B, M. Angelova P, H. Uchikova E. Letter to the Editor regarding "Pentalogy of Cantrell: A Case Report of Probable Pentalogy of Cantrell in a Full-term Neonate". Iranian Journal of Neonatology. 2022 Jul: 13(3). DOI: 10.22038/IJN.2022.60232.2147

major causes of neonatal and infant morbidity and mortality. Although the cause of preterm labor is often unknown, numerous etiological risk factors may be implicated.

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