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Extremity Necrosis Due To İntrauterin Arterial İschemia

Beken et al. Intrauterin Arterial İschemia

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A 1230 gram preterm male infant, delivered by cesarean-section at $32^{1/7}$ gestational-weeks. His co-twin was 1300 gram and both did not require resuscitation. On physical examination, left lower extremity was rudimentary, pale, shorter than the right, and had club-foot deformity. Computerized tomographic angiography demonstrated bluntly filled femoral artery with no distal passage. During follow-up, demarcation line became clear on the fifth day and amputation under the left hip joint was performed (Figure 1).
Laboratory tests including; homocystein, folate, prothrombin-time, activated partial thromboplastin time, protein C and S activity, fibrinogen, antithrombin-III activity were within normal limits according to gestational age, except high D-dimer (4.13 mg/dL). Antiphospholipid and anticardiolipin antibodies were also negative. Patient was found to be homozygous for methylenetetrahydrofolate reductase (MTHFR) C677T; thrombosis was not observed in histopathological examination. The patient was successfully discharged from the hospital on the 40^{th} day of life.
Arterial ischemia of the limb can be seen after thromboembolic events or vascular interventions (1,2). Ischemic changes present at birth suggests intrauterine onset causes that might be attributable to occlusive vascular disruption (3). Diminished blood flow did alter normal soft tissue and osseous growth and resulted with ischemia in the fetal life ended with limb loss.

Keywords: Newborn, ischemia, arterial
Anahtar Sözcükler: Yenidoğan, iskemi, arteriyel
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