Procedure-related complications of amniocentesis: A 5-year-review in a maternal fetal medicine training centre

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ABSTRACT

Introduction: Amniocentesis is a common prenatal diagnostic procedure performed to assess fetal health and detect potential genetic abnormalities. While it is generally considered safe and effective, there are inherent risks associated with the procedure. This review aims to provide an overview of the complications that can arise from amniocentesis and their potential implications for both the fetus and the expectant mother. Our study evaluated the post-procedure complications in healthy and high-risk pregnancies in a Maternal-Fetal Medicine training centre, over a five-year period. Methods: A retrospective review of the patient's medical records was conducted. The enrolled subjects were classified into groups: 1) pregnancy with normal genetic findings and 2) pregnancy with abnormal genetic findings. The following data were collected: gravidity and parity, procedure details, maternal clinical condition before and directly after amniocentesis, and post-procedure complications and symptoms. Results: A total of 649 amniocentesis procedures were performed between 2018 and 2022. The number of pregnancies with normal and abnormal genetics were 590 and 59 respectively. The mean maternal age at amniocentesis was 37.50 ± 5 years. The most common complication following amniocentesis was PPROM, followed by miscarriages. These complications were significantly higher in fetuses with abnormal chromosomes. Conclusion: Amniocentesis is a safe procedure, by ensuring careful patient selection, appropriate procedural techniques, and diligent post-procedural care, the potential for adverse events can be minimized, contributing to safer and more effective prenatal diagnosis.

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Review of 6 patients undergoing microwave ablation for uterine fibroids: A case series

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ABSTRACT

Introduction: We aimed to assess the outcomes of patients who underwent microwave ablation for uterine fibroids. Methodology: A retrospective analysis of the patients who underwent microwave ablation of uterine fibroids in Hospital Tuanku Ja'afar and completed follow-up for at least 3 months. Observations were done before the procedure and had follow-ups at 3-, 6-, and 12 weeks post-procedure. The symphysis pubic height was measured at each visit and documented. The patients also had an ultrasound examination at every visit. Measurements of the fibroids were made. A calculation was made for each fibroid in are (2 dimensions calculated on the transverse view) and volume $(4\pi r 3/3)$ of the 3 measurements were made. Results: The outcome for every patient was variable. Most showed a reduction in symphysis fundal height, area, and volume of the fibroids as an objective assessment of the outcomes of the treatment. However, the actual reduction was different for each fibroid and patient. Conclusion: Microwave ablation is an effective alternative modality for the treatment of uterine fibroids. However, the amount of reduction cannot be anticipated and hence the patient should receive appropriate counselling prior to the procedure. As this is a very small study, a larger number of patients need to be recruited to give stronger evidence of the efficacy of this modality of treatment.