Amniotic band syndrome (ABS) – A deadly trap in utero

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ABSTRACT

Introduction: Amniotic band syndrome (ABS) is rare and outcomes depend on the anatomic location of the band. Successful in utero treatment has been reported, however, experience is limited. We present our very first experience in attempting fetal therapy in a case of ABS with cord strangulation. Case Description: A 38-year-old, G3P2 was diagnosed with ABS involving the lower limb and umbilical cord at 24 weeks. TAS showed significant oedema with areas of constriction at both lower limbs. Multiple loops of cord appeared to be entangled near the constriction ring of the limb which raised suspicion of cord strangulation. Rapid progression with FGR, severe oligohydramnios, and Doppler abnormality raised the concern of cord strangulation. Thus, the fetoscopic release of the amniotic band was discussed and agreed upon with the couple. Fetoscopic release of the amniotic band was attempted at 26 weeks. However, the procedure was abandoned due to technical difficulties with the placenta position and oligohydramnios. The fetus further deteriorated and demised at 28 weeks.

Discussion: Fetoscopy may be offered in ABS with limb constriction and cord involvement in the absence of other major malformations. The success rate for release of the amniotic band in utero was reported between 50-75%, and the ability to achieve a functional limb was around 40-50%. ABS can be a deadly trap causing loss of limbs and in rare cases, fetal demise. Early diagnosis and referral to a fetal therapy centre is indicated so that a thorough evaluation regarding the suitability of fetal therapy can be done.