Anencephaly is a complicated and perplexing situation (AbstractView.aspx?PID=2022-15-5-29)


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ABSTRACT:
Anencephaly means simply no brain or acrania. To be precise, it is a congenital absence of the skull, scalp, and forebrain (cerebral hemispheres). It was categorized under neural tube defects (NTD). As a whole, NTD is the second most common fatal anomaly after cardiac defects. The neural tube defects are a group of central nervous system ailments, which result from the failure of normal primary neurulation, an embryologic process completes in humans by almost day 26-28 the post-conception. In this case, the normal closure of the anterior neuropore fails, which results in anencephaly. The case report demonstrates the clinical experience that would broaden our knowledge of this uncommon but distressing and dilemmatic event. We highlighted the ultrasound features to recognize the condition by first and second-trimester scans and the role of folic acid in the prevention of further occurrence. The diagnosis was confirmed anencephaly with formal ultrasound from the radiologist, who reported no definite brain parenchyma noted, the head was small in size, and the patient was informed about the condition and its prognosis. The reported case was found to be rare and clinicians emphasized the contribution of professional guidance for its management since the case is critical and the ethical concerns need careful handling to avoid adverse psychosocial outcomes such as grief, guilt, anxiety, and loss of self-confidence.

KEYWORDS: Anencephaly, Neural tube defect, Folic acid.

INTRODUCTION:
Anencephaly represents 40% of neural tube malformations, which is the second leading cause of nervous system abnormalities after spina bifida. The diagnosis is completed by the 1st trimester with an ultrasound between the 11th and 14th week. The causative factor of this type of nervous system abnormalities is not well known. One of the previous studies from the literature has revealed its causes are multifactorial such as genetic, infectious, nutritional, or environmental factors, and other maternal conditions.¹ Current evidence suggests that it correlates with low folate level, low socioeconomic status, ethnicity, and geographical distribution. There were some articles suggesting the association between congenital abnormalities and febrile illness in the early three months of the pregnancy.

CASE REPORT:
A 33-year-old lady in her third pregnancy presented with per vagina spotting to Emergency Department (ED). Her periods were irregular since menarche. The examining doctor did not convince them of her pregnancy as her urine pregnancy test was negative in ED although she informed she tested her urine test was positive at home. She was confirmed pregnant with a serum β Human Chorionic Gonadotrophin test one week later at the clinic. The ultrasound dating scan at that time was 10