**RESOLUTION OF EARLY SECOND TRIMESTER HYDROPS FETALIS FOLLOWING TREATMENT OF FETAL TACHYCARDIA**

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*Introduction*: Hydrops fetalis is associated with risk of mortality. This is a case report of hydrops fetalis noted in a 19-week fetus due to fetal tachycardia that responded to antiarrhythmic therapy with return to normal sinus rhythm and resolution of hydrops. *Results*: A 20-year-old, G1P0 woman, was referred to Pediatric Cardiology at 19 weeks gestation for concern of hydrops fetalis, after obstetric ultrasound demonstrated pleural effusion, pericardial effusion, and abdominal ascites. Fetal echocardiogram demonstrated normal cardiac anatomy with abnormal pulsatility in the umbilical vein and a fetal heart rate > 280 beats per minute. M-mode documented a long V-A interval with 1:1 conduction, consistent with a long R-P tachycardia. The mother was loaded on digoxin, then started on maintenance at 250 mcg twice daily (BID), in addition to sotalol 160 mg BID. After 3 days, when fetal tachycardia was persistent, flecainide 50 mg BID was added. No effect was achieved, despite increasing the flecainide dose to 100 mg BID. Sotalol and flecainide were discontinued and amiodarone 400 mg BID was initiated at 20 weeks gestation, with complete resolution of both the fetal tachycardia and hydrops by 22 weeks gestation. Maternal treatment with amiodarone and digoxin were continued through the pregnancy, with digoxin trough levels maintained at < 2 ng/mL. Thyroid and liver function tests were normal. The baby delivered spontaneously at 38 weeks term gestation, without complications and with a normal ECG. Maternal antiarrhythmic medications were discontinued and the baby was continued on amiodarone at 5 mg/kg/day without recurrence of his arrhythmia.

*Conclusion*: Persistent fetal tachycardia may lead to hydrops fetalis, which carries increased risk for intrauterine demise. Amiodarone was successfully used to terminate fetal arrhythmia, with complete resolution of hydrops fetalis.