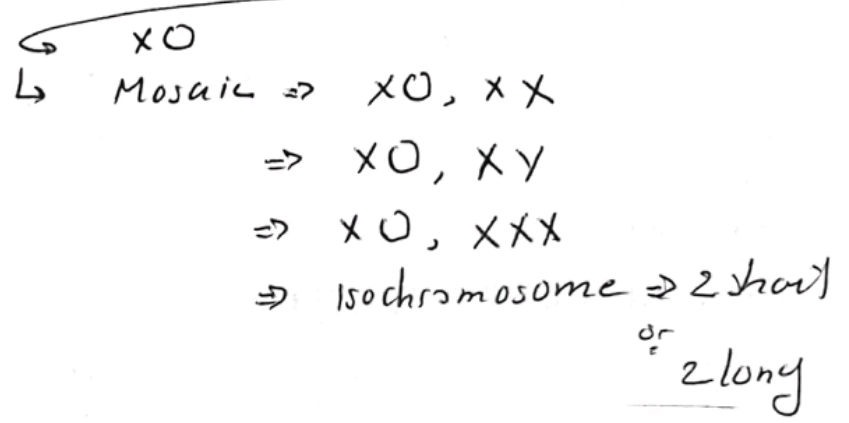


Routes to paternal parenthood
for women & Turner syndrome

* Background

- Epidemiology : 1 : 3000
- Pathogenesis : aneuploidy \Rightarrow monosomy



- Clinical features

- Hearing loss
- Facial features blurred
 - Ptosis
 - Hypertelorism
 - Retrognathia, micrognathia

- short stature
- webbed neck
- ~~hypothyroidism~~
- wide carrying angle

- Cardiovascular comp.
 - coarctation of aorta
 - Bicuspid aortic valve
 - Conduction abnormalities

- Genitourinary system
 - POI
 - Renal anomalies

- Lymphedema

- Hypo-thyroidism
- celiac disease
- metabolic &



Follow up for Turner's patient:

o Examination:

- Anthropometry (height, wt, BMI)
- BP (both arms)

o Investigations

| | | | |
|---|------------------------|----------------------|---------|
| ③ | - Heart | → MRI (cardiac) | 1 year |
| | - kidney & Ovaries, ut | → U/S | |
| | - Hearing | → Audiogram | 3-5 yrs |
| ③ | - Autoimmune | → Coeliac Ab | 5 yrs |
| | - Metabolic | → Metabolic & screen | 1 year |
| | - Endocrinal | → DEXA | 3-5 yrs |

Effect of Turner's on pregnancy:

- Maternal: ++ P/E
++ DM
++ hypothyroidism

- Fetal/Neonatal:
 - ++ PTL
 - ++ SGA
 - ++ Miscarriage
 - ++ aneuploidy

Effect of pregnancy on Turner's,

• Aortic dissection

* Uncontrolled Htn

Recommendations

pregnancy is absolutely contraindicated in;

Risk factors according to French societies:

- coarctation
- bicuspid valve

- absolute contraindications
- diameter ≥ 35 or 25 mm^2 (ASI $> 2.5 \text{ cm}^2/\text{m}^2$)
 - aortic surgery
 - uncontrolled Htn. ~~associated~~

according to ASRM:

- Any cardiovascular abnormalities:
 - dilatation (ASI $> 2 \text{ cm}^2/\text{m}^2$)
 - valve abnormality
 - coarctation

ASI = Aortic size index

Management in pregnancy:

- Preconception, + PGS to select euploid embryos
+ assessment of condition
 - ↳ exclude contraindications (mentioned above)
 - ↳ evaluate condition (Follow up mentioned above)

• Antenatal care

- Echo (each visit) \pm MRI
- β blocker (if any risk factors for dissection)
- Htn treatment
- Management of valvular disease

* Management of effects of preg on disease \rightarrow aortic dissection \rightarrow BB
* " " " " disease on preg \rightarrow Maternal \equiv (3)
* Management of disease \rightarrow Disa Fetal \equiv (4)

Intrapartum:

- timing: individualized
- mode: individualized (vaginal delivery is possible)

◦ Intrapartum care

- ↳ Epidural → reduce cardiovascular stress
- ↳ No bearing down ⇒ passive descent and instrumental delivery

◦ Place: ~~center~~

Cardiothoracic surgery + ICU is available

Reproductive options:

Pregnancy not contraindicated:

- Natural conception
- ART Ovarian reserve
 - ↳ Natural conception
 - ↳ ART (IVF/ICSI)

Poor ovarian reserve (POI)

↳ ART (IVF/ICSI)

- +
 - oocyte donation
 - Embryo donation
- cryopreserved oocytes
- cryopreserved embryos

Pregnancy contraindicated

- adoption and fostering
- child free
- surrogacy,
 - ↳ straight surrogacy
 - ↳ Gestational surrogacy
 - ↳ ovarian reserve
 - ↳ oocyte retrieval
 - ↳ No ovarian reserve
 - ↳ oocyte donation
 - ↳ embryo donation
 - ↳ cryopreserved oocytes
 - ↳ cryopreserved embryos

Fertility preservation

- ↳ see before