INTRODUCTION

- Common worldwide
- % of congenital infection is proportional to the seroprevalence of CMV in women of childbearing years
- Seroconversion rates during pregnancy range from 1-7%
- Leading cause of nonhereditary sensorineural hearing loss (SNHL)
- Long-term neurodevelopmental disabilities

CASE REPORT

- Newborn. Caesarean section 39W of gestation
- Somatometry at birth:
  - weight: 2930g (P15-50)
  - length: 44.5cm (P<3)
  - head circumference: 32.5cm (P3-15)
- MATERNAL INFECTION CMV (1ST TRIMESTER)
- PCR CMV in amniocentesis fluid POSITIVE
- Labs: no anemia, normal WBC, Platelets 106000 total bilirubin 2.8 mg/dL, direct bilirubin 0.35 mg/dL, normal transaminases and GGT
- Transfontanelar US (D1,D3,D7)
  - lateral ventricular dilatation
  - occipital and temporal horns bilateral dilatation
  - brain cystic lesions
  - periventricular calcifications
  - thalamostriate vasculopathy
- Physical examination was unremarkable
- Neonatal hearing screening (Click- Evoked ABR) → SNHL
  - moderate (50 dB) in left ear
  - severe (80 dB) in right ear
- EEG and ophtalmologic evaluation were normal
- Brain MRI (D11): Multifocal white matter lesions; Mild ventriculomegaly; intraventricular adhesions; cystic images on the occipital and frontal horns; periventricular calcifications;

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- CMV blood negative
- urine viral load 391464 copies/mL
- Transfontanelar US: Residual thalamus striated vasculitis
- HEARING: LE: TOTAL RECOVERY RE: profound SNHL
- ADEQUATE Neurodevelopment

REFERENCES