17. Remission of Genitourinary System, and Pregnancy and Childbirth Related Disorders

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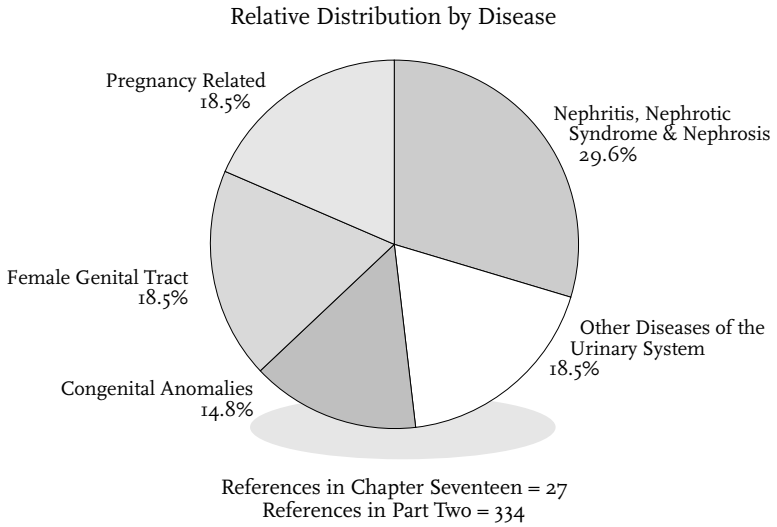

Genitourinary system diseases (ICD•9•CM* code numbers 580-629) include diseases of the kidneys, ureter, bladder, and diseases of the male and female genital tract. Urinary tract diseases include glomerulonephritis, renal failure, renal abscesses, renal, ureteral and bladder calculi, and cystitis. Examples of male genital tract disorders include inflammatory and other diseases of the prostate, penis and testes, orchitis and epididymitis, and infertility. Female genital tract diseases include breast disorders such as benign mammary hyperplasia; inflammatory diseases of female pelvic organs, endometriosis, genital prolapse, fistulae involving female genital organs, ovarian cysts, cervical dysplasia, disorders of menstruation such as dysmenorrhea and amenorrhea, menopausal and postmenopausal disorders, and infertility.

Congenital anomalies of the genitourinary system (ICD•9•CM code number 753) are also contained in this chapter. Examples of genitourinary system anomalies include cystic kidney disease, and defects of the renal pelvis and ureter, kidney and bladder.

Complications of pregnancy, childbirth and the puerperium (ICD•9•CM code numbers 630-676) include ectopic pregnancy, abortion and complications of abortion, pregnancy-related complications such as hemorrhage, hypertension, pre-eclampsia, vomiting, early labor, conditions or infections during pregnancy such as venereal disease or diabetes mellitus, labor complications, retained placenta, varicosities, and breast infections associated with childbirth.

Of the 27 references in Chapter 17 (8.1% of the 334 references in Part Two)–17 annotated and 10 supplemental. Full text of 7 case reports is included. A summary of the chapter contents is presented in Table One.

Table One: References and Case Reports in Chapter Seventeen

Disease/Disorder	References† (number)	Cases (number)	Cases (%)
Nephritis, Nephrotic Syndrome & Nephrosis	8	1	0.8%
Other Genitourinary Disorders	5	4	3.3%
Congenital Anomalies	4	0	0.0%
Disorders of Female Genital Tract	5	2	1.7%
Pregnancy & Childbirth Related Disorders	5	0	0.0%
Totals	27	7	5.8%

† Total number of case reports in Part Two is 120.

* The International Classification of Diseases 9th Revision (ICD•9•CM) is a volume that provides an international standard for the classification of diseases. It was prepared by the Commission on Professional and Hospital Activities [Ann Arbor, Michigan: Edwards Brothers, Inc.], April 1986.

Nephritis, Nephrotic Syndrome, and Nephrosis

Transient Nephromegaly Simulating Infantile Polycystic Disease of the Kidneys

Stapleton FB; Hilton S; Wilcox J; Leopold GR
Pediatrics 67(4): April 1981; 554-559

Extracted Summary

The discovery of bilaterally enlarged kidneys near the time of birth often portends a poor prognosis for renal function. Important diagnostic considerations include obstructive uropathy; renal venous thromboses; Wilms' tumor; infantile polycystic kidney disease, and renal multicystic dysplasia. In this report, we describe a child in whom enlarged bilateral kidneys were noted during the first day of life and to whom a presumptive clinical diagnosis of infantile polycystic kidney disease was incorrectly assigned, primarily on the basis of the excretory urogram. By 6 weeks of age, however, the kidney size was normal, and at 2 years of age, the boy remains in good health with radiographically normal kidneys.

Selected Case Report

A white male infant who weighed 4,460 grams at birth was found to have large flank masses upon admission to the newborn nursery. He was the product of a full-term, uncomplicated pregnancy. His mother was 19 years old, gravida 1, para 0. The mother denied taking any medications, except prenatal vitamins and iron, during the pregnancy. There was no family history of renal disease, hypertension, liver disease, early deaths, or cerebral vascular accidents. The parents were not related. At the time of delivery, the mother was normotensive, had a normal urinalysis and results of a VDRL test were negative.

Physical examination revealed smooth, rounded flank masses that did not transilluminate. The right flank mass measured approximately 5 x 1 1/2 centimeters and the left mass measured 4 x 1 1/2 centimeters. The systolic blood pressure was 76 mmHg by Doppler ultrasound. The remainder of the examination was normal, and urine output was normal.

Results of the urinalysis were: pH 6, proteinuria (3+), negative glucose, negative hemoglobin, 0 to 1 white blood cells, and 0 to 2 red blood cells/high power field. No amorphous urates or other crystals were present in the urine sediment. On the first day of life laboratory values were: hemoglobin, 15.4 gm/100 ml; blood urea nitrogen 12.3 mg/100 ml; creatinine, 0.1 mg/100 ml; SGOT, 10 units; sodium, 134 mEq/l; potassium, 5.4 mEq/l; chloride, 102 mEq/l; and bicarbonate, 21 mEq/l. Excretory urography performed at 2 days of age showed a progressively dense nephrogram with poor calyceal filling. A three-hour delayed film revealed contrast in a radiating linear pattern suggestive of infantile polycystic kidney disease. Results of a voiding cystourethrogram were normal and ultrasonography revealed symmetrically large kidneys with multiple small, sonolucent areas (interpreted as cysts) bilaterally. No cysts were identified in the mother's liver or kidneys by ultrasonography.

Following discharge, the child thrived, eating a routine infant diet. At 2 weeks of age, results of the urinalysis were normal and the kidneys were slightly smaller by palpation. At 6 weeks of age, the child had gained 1 kilogram, the blood pressure was 85 mmHg systolic, and the kidneys were not felt to be enlarged by palpation. Results of a repeat excretory urogram were normal. The sonolucent areas in the kidneys observed in the neonatal period were not demonstrable at 6 weeks of age. Laboratory tests showed values for blood urea nitrogen, 6 mg/100 ml, and serum creatinine, 0.3 mg/100 ml; liver function studies were normal. At 1 year of age the child's growth, excretory urogram, and renal function were normal. At 2 years of age, the excretory urogram, renal ultrasonogram, urinalysis, and growth remain normal.

Long-Term Evolution of Membranoproliferative Glomerulonephritis in Adults

Spontaneous Clinical Remission in 13 Cases with Proven Regression of Glomerular Lesions in 5 Cases

Droz D; Noel LH; Barbanel C; Grunfeld JP
Nephrologie 3(1): 1982; 6-11

Extracted Summary

188 patients with type I membranoproliferative glomerulonephritis (MPGN) were followed from 1957 to 1975. At last examination, 53% of patients with pure MPGN had complete remission; 66% showed improvement and in 13 cases permanent complete remission was obtained. In all of these 13 cases, (10 pure MPGN and 3 lobular forms), the clinical remission was spontaneous and occurred 2 to 16 years after the apparent onset. At the time of the first renal biopsy, 7 of these patients had a nephrotic syndrome, 2 had hypertension and 1 had renal failure. A second biopsy was obtained in 5 patients during the clinical remission period and showed in all cases a clear regression of the glomerular lesions. The possibility of spontaneous permanent clinical remission in MPGN should be considered in the indications and methods of treatment and the interpretation of their results.

Spontaneous Remission in Idiopathic Membranous Glomerulonephritis with Crescents

Gerhardt RE; Peskoe ST; Rao RN; Hudson JB
Southern Medical Journal 75(3): 1982; 356-359

Extracted Summary

A patient with rapidly progressive renal disease was found to have membranous glomerulopathy with crescent formation. These lesions were associated with circulating immune complexes, but circulating antiglomerular basement membrane antibody was not found. Spontaneous improvement of renal function occurred, probably unrelated to therapy.

Long-Standing Spontaneous Clinical Remission and Glomerular Improvement in Primary IgA Nephropathy (Berger's Disease)

Costa RS; Droz D; Noel LH
American Journal of Nephrology 7(6): 1987; 440-444

Extracted Summary

Of the 244 cases of IgA nephropathy diagnosed at Necker Hospital before 1981, 9 patients (3.7%) developed spontaneous clinical remission of long duration. Three of these 9 patients presented with gross hematuria, while in the others the disease was discovered by the finding of proteinuria at routine urinalysis. During the disease course, 5 patients had recurrent episodes of gross hematuria, lasting several years in 4. At the time of the first biopsy all patients had hematuria and permanent proteinuria. In 1 patient, renal biopsy showed only an increase in mesangial matrix while in the others segmentary lesions were observed, affecting less than 30% of the glomeruli in 6. Diffuse mesangial deposits of IgA were present in all. During the follow-up, proteinuria and microscopic hematuria gradually decreased and completely disappeared within 4-14 years after the onset of the disease. A repeat biopsy performed during remission in 4 patients showed,

in 3, an improvement of glomerular lesions and a significant decrease in IgA mesangial deposits in parallel with clinical recovery. As in other types of 'primary' glomerulonephritis, these data indicate that the initial disorder in IgA nephropathy may be spontaneously reversible even after a long course of the disease.

Supplemental References
Nephritis, Nephrotic Syndrome, and Nephrosis

Spontaneous Recovery from Rapidly Progressive Glomerulonephritis
Maxwell DR; Ozawa T; Nielsen RL; Luft FC
British Medical Journal 2(6191): Sep 15 1979; 643

Spontaneous Remission of Nephrotic Syndrome Coinciding with Thrombocytopenia [letter]
Turney JH; Weston MJ
Lancet 1(8219): Mar 7 1981; 564-565

Spontaneous Remission of Nephrotic Syndrome in IgA Glomerular Disease
Wu G; Katz A; Cardella C; Oreopoulos DG
American Journal of Kidney Diseases 6(2): 1985; 96-99

Histopathological and Immunological Studies in Spontaneous Remission of Nephrotic Syndrome After Intercurrent Measles Infection
Lin CY; Hsu HC
Nephron 42(2): Feb 1986; 110-115

Other Disorders of the Genitourinary System

Variants of Retroperitoneal Fibrosis

Harbrecht PJ

Annals of Surgery 165(3): March 1967; 338-401

Extracted Summary

The syndromes of idiopathic retroperitoneal fibrosis and mesenteric panniculitis are reviewed. Variants as reported in the literature are listed. Five patients with idiopathic fibrosis encountered at laparotomy are reported. Current concepts of the etiology and pathogenesis of idiopathic fibrosis are reviewed. The relationship of the idiopathic fibrotic processes to each other and to other fibrotic processes of the body is discussed.

Selected Case Report

A 48-year-old man, W. R., was operated upon on August 19, 1960 for re-evaluation of a large persistent intra-abdominal mass of uncertain etiology. The mass had recently increased in size and symptoms of intermittent abdominal discomfort, cramping, bloating, easy fatigue, and weakness which had been present to some extent since 1945 reappeared. The mass was first recognized in 1956. At operation in 1956, the entire mesentery of the small bowel, except for the terminal 3 feet of ileum was infiltrated by yellowish tumor tissue which was very hard in some spots and soft in others. This tissue extended in a plaque over the upper pole of the left kidney and inferiorly along the aorta. It was densely adherent to the vertebral bodies and large vessels. Frozen and permanent sections were considered as malignant undifferentiated tumor, probably liposarcoma. The tumor was considered inoperable and neither irradiation nor chemotherapy was advised. Because of no deterioration, recent exacerbation of symptoms, and equivocal interpretation of the previous biopsies re-operation was performed August 19, 1960. After extensive intra-abdominal adhesions were lysed the vague boundaries of the tumor were defined. The process merged with surrounding tissue. Most of the mesentery including the base was involved and the process extended downward over the aorta, upward toward the left kidney and over the aorta behind

the pancreas. Biopsy specimens showed chronic fibrositis or sclerosing lipogranuloma. Subsequently, there was little immediate change in the patient's condition. The large mass and the intermittent symptoms persisted. However, during 1964 and 1965 there was amazing regression of the mass and great improvement in symptoms. When last seen in August 1965 the mass was barely palpable and the patient was euphoric about his lack of symptoms.

Spontaneous Regression of Renal Cysts

Kessel HC Jr; Tynes WV II
Urology 17(4): April 1981; 356-357

Extracted Summary

Spontaneous regression of simple renal cysts is a rare phenomenon. Two cases diagnosed as renal cysts are reported in which later studies revealed these lesions to have disappeared.

Selected Case Reports

Case 1: A forty-two-year-old black woman was admitted to the hospital in August 1972 with menorrhagia. An abdominal hysterectomy was performed. During that hospitalization an intravenous pyelogram (IVP) revealed a mass in the lower pole of the right kidney. A nephrotomogram showed this to be cystic. In July 1973, a repeat IVP showed findings of papillary necrosis but no evidence of a cystic lesion. A selective right renal arteriogram proved that the lesion was no longer present. Five years later the patient died of chronic renal failure secondary to diabetic nephropathy.

Case 2: A sixty-four-year-old white woman was seen in August 1978 with an intracranial mass which was found to be malignant melanoma. A one-year history of mild right flank pain was elicited. Urinalysis was negative, and an IVP with nephrotomography demonstrated a lesion of the lower pole of the right kidney. Renal angiography revealed the mass to be avascular and cystic. She was transferred to our hospital where a repeat IVP with nephrotomograms showed bilateral irregular renal outlines but failed to demonstrate the large mass. Repeat renal angiography showed only bilateral multiple small cysts.

Spontaneous Disappearance of Renal Calculi in a Child with Bilateral Fractures of the Femur

Roder OC
Ugeskrift for Laeger 144(19): May 10 1982; 1390-1391

Extracted Summary

A case with complete disappearance of bilateral renal calculi in a nine-year-old boy subjected to prolonged immobilization following a traffic accident is described. Bilateral femoral fractures and a cerebral contusion necessitated immobilization for one and a half months when bilateral renal calculi were diagnosed. At three months only minimal residues of the stones could be seen and complete disappearance was noted after three further months after the trauma. No urinary tract infection could be found and the function of the kidneys was unaffected during the episode.

Spontaneous Disappearance and Successive Reappearance of Renal Cyst

Musiani U; Villani U
Urology 24(4): Oct 1984; 366-367

Extracted Summary

We report on a patient with a renal cyst which disappeared, reappeared ten years later, and then two years later the cyst was reduced in volume.

Selected Case Report

This patient was a fifty-one-year-old woman who had a history of high temperatures with microscopic hematuria and albuminuria at age thirty-five. A urogram of the left kidney showed a parapyelic cyst which shifted the renal pelvis and lumbar ureter medially. One year later she concluded a normal pregnancy with a normal delivery. At age thirty-nine a urogram showed that the renal cyst had disappeared without any subjective symptoms, and both the kidney and upper urinary tract were shown to be normal. A third urogram ten years later showed the reappearance of the parapyelic cyst of the left kidney with the same characteristics found on the first examination. Two years later a urogram showed that the cyst was reduced in volume.

Supplemental Reference
Other Disorders of the Genitourinary System

Spontaneous Recovery from Retroperitoneal Fibrosis (A Case)](La Guérison Spontanée des fibroses rétroperitonéales [a propos d'un cas])
Steg A
Journal d'Urologie et de Nephrologie 75(10): Oct-Nov 1969; 813-820

Congenital Anomalies of the Genitourinary System

Spontaneous Regression of a Dolichomegaureter in a Four-Month-Old Child

Viville C; De Petriconi R; Lausecker C
Journal d'Urologie et de Nephrologie 88(9): 1982; 619-623

Extracted Summary

The authors report a relatively rare case of dolichomegaureter followed over a period of almost 8 years which regressed spontaneously and almost completely. They envisage the various pathogenic hypotheses. The interest of this particular case lies, on the one hand, in the photographic documentation and, second, because of the regression of the dolichomegaureter slowly over the years, long after the disappearance of urinary infection and all treatment had been stopped. This course tended to confirm that the hypothesis of infectious megaureter due to a reversible acute inflammatory obstruction is not the sole explanation for the regression of certain large ureters in the infant.

Multicystic Dysplastic Kidneys

Spontaneous Regression Demonstrated with Ultrasound

Pedicelli G; Jequier S; Bowen A; Boisvert J
Radiology 160(1): Oct 1986; 23-26

Extracted Summary

In nine neonates, spontaneous regression of a multicystic dysplastic kidney (MDCK) was witnessed by means of repeated ultrasound (US) examinations. In three of these patients, the diagnosis was made in utero. Follow up examinations at the ages of 3, 5, and 32 weeks postpartum showed what would have been called unilateral agenesis of the affected side if no fetal US study had been done. In the remaining neonates, the diagnosis was made postnatally, and marked reduction in size or complete disappearance of the MCDK was observed on serial US examinations. Three neonates underwent surgical exploration. No trace of a kidney, renal artery, or ureter was found in two. A small MCDK was removed in the third patient. US revealed new features of the natural history of MCDKs. Because malignant transformation of an MCDK is rare and because US provides a means of serial assessment, the authors believe a more conservative, nonsurgical approach is appropriate and recommend an observation time of 1 year before deciding on surgical intervention, unless other problems necessitate surgical removal of the MCDK.

Unilateral Multicystic Dysplasic Kidney

Spontaneous Regression Documented by Ultrasonography

Case Report in Two Infants

Labrune M; Musset D; De Laveaucoupet J
Journal de Radiologie 68(6-7): Jun-Jul 1987; 479-482

Extracted Summary

Two cases of unilateral multicystic kidney followed an atypical course, the non-communicating anechogenic images on ultrasound examination that projected into the renal region disappearing within several months and the infants' condition appearing satisfactory at 2-year follow-up review. Analysis of the literature showed the increasing frequency of this outcome, but persistence of a multicystic kidney after the first year of life requires its surgical removal because of risk of degenerative changes.

Multicystic Dysplastic Kidney

New Observation on Spontaneous Regression of an Hypertrophic Form

Giudicelli J; Blanc JF; Arnaud MF; Pouillaude JM
Archives Francaises de Pediatrie 46: 1989; 351-353

Extracted Summary

A case of spontaneous regression of the tumor type of multicystic dysplastic kidney (MDK) is reported. This case is consistent with recent data on the natural history of MDK. The classical therapeutic approach which involves surgery is discussed in the context of this case and of others with a similar course.

Disorders of the Female Genital Tract

The Effect of Psychic Factors on the Spontaneous Cure of Secondary Amenorrhoea

A Comparison of Cases With and Without Spontaneous Cure

Lodewegens FJ; Van Rijn IB; Groenman NH; Lappöhn RE
Journal of Psychosomatic Research 21(2): 1977; 175-182

Extracted Summary

Thirty women with functional secondary amenorrhoea are studied by psychological testing. Secondary amenorrhoea is interpreted as a symptom with a relative autonomy: The authors distinguish between symptom-provoking and symptom-maintaining factors. Attention in this study was focused on possible symptom-maintaining factors of psychic origin. In the prospective study two personality inventories, the Amsterdamse Biografische Vragenlijst (ABV) and the Minnesota Multiphasic Personality Inventory (MMPI), were used.

Women with an active, direct, extraverted attitude have a better chance of spontaneous cure than patients who exhibit these qualities to a lesser extent. No relation was found between intensity of neurotic behavior and of neurotic psychical symptoms and spontaneous cure.

In the retrospective study the Schedule of Recent Experience (SRE) was used. A certain degree of disturbance of the psychic balance, as measured by the SRE, appears a condition of spontaneous cure. The authors discuss the possible relationships between the results of the prospective and retrospective study.

Second Trimester Spontaneous Regression of Theca Lutein Cysts

Levine SC; Huffaker J; Jacobson JB; Brodey PA; Fisch AE
Obstetrics and Gynecology 60(1): July 1982; 124-126

Extracted Summary

An unusual case of theca lutein cysts in a normal twin pregnancy is described. An ultrasound scan at 11 weeks' gestation showed bilateral theca lutein cysts. When rescanned at 19 weeks' gestation, the theca lutein cysts were no longer present. Spontaneous regression during pregnancy of naturally occurring theca lutein cysts has not previously been reported.

Selected Case Report

The patient, a 20-year-old white woman, gravida 2, para 0, abortus 1, was initially seen in the outpatient department after 11 weeks of amenorrhea. She complained of a persistent dull ache in the right lower quadrant. On examination, the uterus was found to be enlarged to approximately 16 weeks' gestational size. A tender irregularity was palpable posteriorly and to the right. The possibility of a uterine myoma was considered. A recent pelvic examination before pregnancy had been normal.

An ultrasound scan was performed, and a twin gestation, consistent with the patient's menstrual dates, was identified. Also noted was a large septated transonic mass posterior to the uterus. Longitudinal and transverse scans showed a mass measuring 10 centimeters in length, 6 centimeters in its anteroposterior diameter, and extending approximately 6 to 7 centimeters on either side of the midline. The mass was interpreted as typical of bilateral theca lutein cysts. During a repeat pelvic examination, an irregular cystic mass, separate from the large

gravid uterus, could be appreciated fill-ing the posterior cul-de-sac.

During subsequent weeks, the patient's lower abdominal discomfort gradually subsided. Eight weeks after her initial evaluation, the mass was no longer palpable on pelvic examination. A repeat ultrasound scan confirmed that the bilateral multilocular cysts were no longer present.

The pregnancy subsequently proceeded uneventfully until 32 weeks' gestational age, when the patient presented in advanced premature labor. The first twin was in breech presentation, and the patient underwent a low vertical cesarean section and was delivered of 2 normal female infants weighing 1,115 and 1,310 g.rams At operation, both ovaries were noted to be normal in size and appearance.

Spontaneous Regression of Large Theca Lutein Cysts in a Twin Pregnancy

A Case Report

Lindow SW; Munoz WP

South African Medical Journal 67(5): Feb 2 1985; 185-186

Extracted Summary

A case of bilateral theca lutein cysts in a twin pregnancy is presented. Under ultrasound surveillance the cysts were seen to undergo spontaneous regression which was not matched by a falling human chorionic gonadotrophin titre.

Selected Case Report

The patient, a 28-year-old black woman, attended the antenatal clinic complaining of a 2-week history of lower abdominal pain and a tender mass in the right side of the abdomen. She had had one previous normal delivery, after which an intrauterine contraceptive device was inserted; this had been removed 5 months previously.

Examination revealed two masses in the lower abdomen, one on each side of the midline. The uterus was enlarged on bimanual palpation, and a small mobile mass in the right breast was found. The mass had been present for 2 years. Ultrasound scanning showed two multilocular cystic structures, one on the right side measuring 17 x 11 x 7 centimeters, and the other on the left measuring 16 x 10 x 7 centimeters. A twin pregnancy with a crown-rump length equal to a 10-week pregnancy was seen.

The patient was observed in the ward over the subsequent weeks and her symptoms gradually subsided. The cysts were approximately the same size at 12 weeks. At 13 weeks they had markedly decreased in size; the right cyst was then 10 x 9 x 5 centimeters and the left 9 x 8 x 5 centimeters. The patient was subsequently followed up as an outpatient; by 14 weeks the cysts were not palpable abdominally and at 22 weeks they could not be detected on ultrasound scanning.

The patient's 24-hour urinary human chorionic gonadotrophin (HCG) excretion was 89,600, 77,400 and 108,882 IU/24 hours at 10, 12 and 13 weeks; gestation respectively.

The growth of the twins was satisfactory and at 26 weeks' gestation the patient was readmitted in advanced premature labour and delivered a 990 gram infant and a 1,100 gram infant, neither of which survived. The placenta was normal on macroscopic examination. The cysts were not palpable at this stage.

Supplemental References
Disorders of the Female Genital Tract

Spontaneous Regression of Theca Lutein Cysts in Gestational Trophoblastic Neoplasia: Ultrasonographic Follow-Up
Belfort P; Pereira LTB; Tourinh OEK
Jornal Brasileirode Ginecologia 93(4): 1983; (Recd. 1984); 205-208

Spontaneous Healing of Uretero-Vesico-Vaginal Fistulas
Alonso Gorrea M; Fernandez Zuazu J; Mompo Sanchis JA; Jimenez-Cruz JF
European Urology 11(5): 1985; 341-343

Pregnancy and Childbirth Related Disorders

Sonographically Documented Disappearance of Fetal Ascites

Mueller-Heubach E; Mazer J
Obstetrics and Gynecology 61(2): Feb 1983; 253-257

Extracted Summary

Two patients with sonographically documented fetal ascites are described. Workup for immunologic or nonimmunologic causes was negative. Subsequent sonar examinations demonstrated disappearance of fetal ascites. At delivery, previous abdominal distention was apparent. Fetal ascites of unknown etiology in the late second trimester does not necessarily have a poor prognosis. Serial sonographic examinations are indicated for follow-up of fetal ascites.

Spontaneous Regression of Fetal Ascites in Utero in an Adolescent

Leppert PC; Pahlka BS; Stark RI; Yeh M-N
Journal of Adolescent Health Care 5(4): Oct 1984; 286-289

Extracted Summary

Fetal ascites has been documented by ultrasound to progressively disappear prior to birth. This report describes a case in a nineteen-year-old in which fetal ascites was documented in the midtrimester of pregnancy and in which subsequent regression was shown by ultrasound. Although non-immune fetal hydrops commonly has a poor prognosis, it is possible to adopt an observant attitude while carefully evaluating for an etiology of fetal ascites.

Supplemental References
Pregnancy and Childbirth Related Disorders

Spontaneous Recovery from Paralysis of the Limbs Immediately Following Delivery
Aoyagi K; Takeuchi S
Japanese Journal for the Midwife (Josanpa Zasshi) 22(5): May 1968; 38-40

Meconium Peritonitis: A Spontaneous Cure (Samowyleczenie smoLkowego zapalenia otrzewnej)
Pronicka E; Uniecka W
Pediatria Polska 45(9): Sep 1970; 1113-1116

Spontaneous Regression of Tubal Pregnancy: Current Considerations
Perone N
Texas Medicine 83(11): Nov 1987; 40-42