

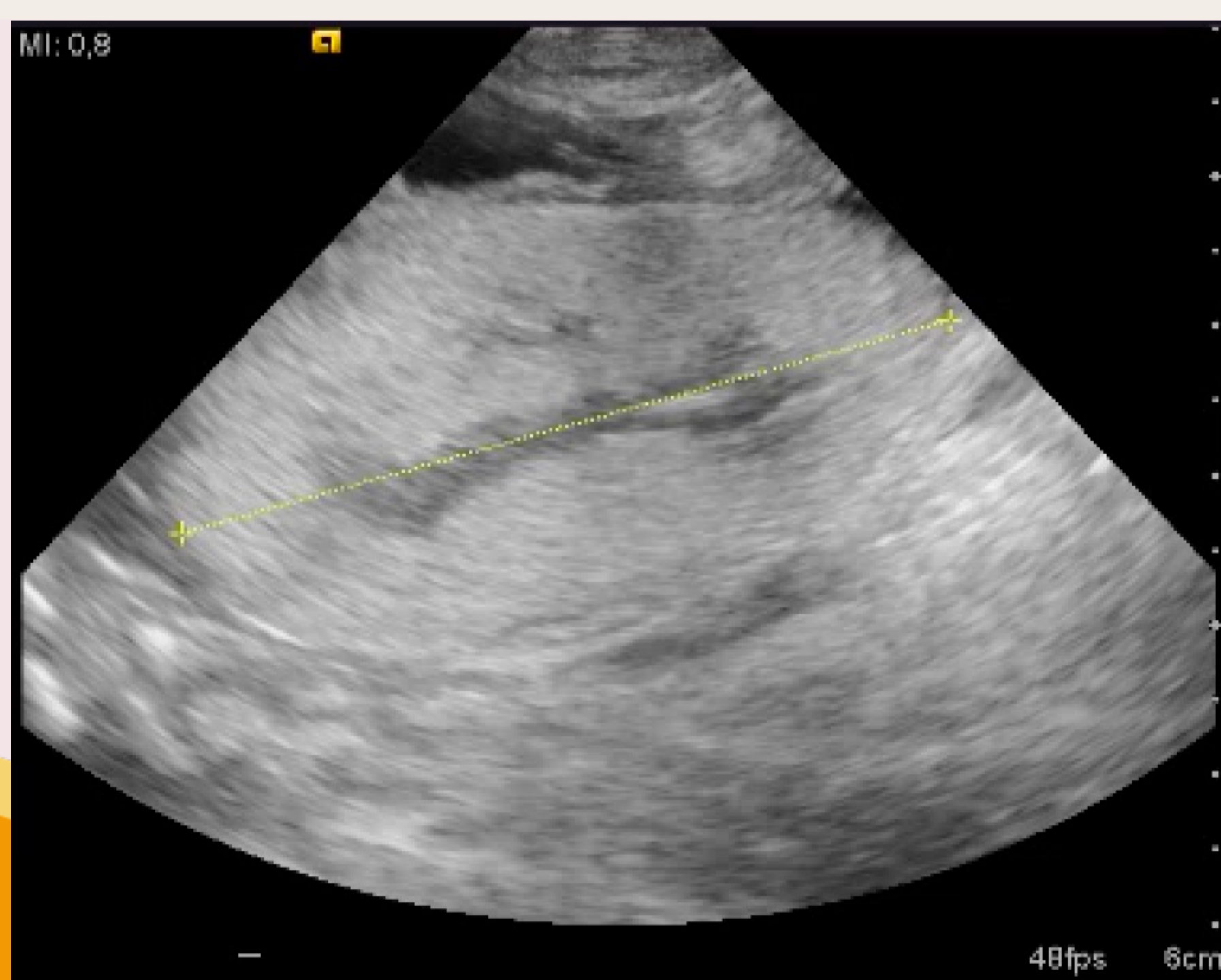
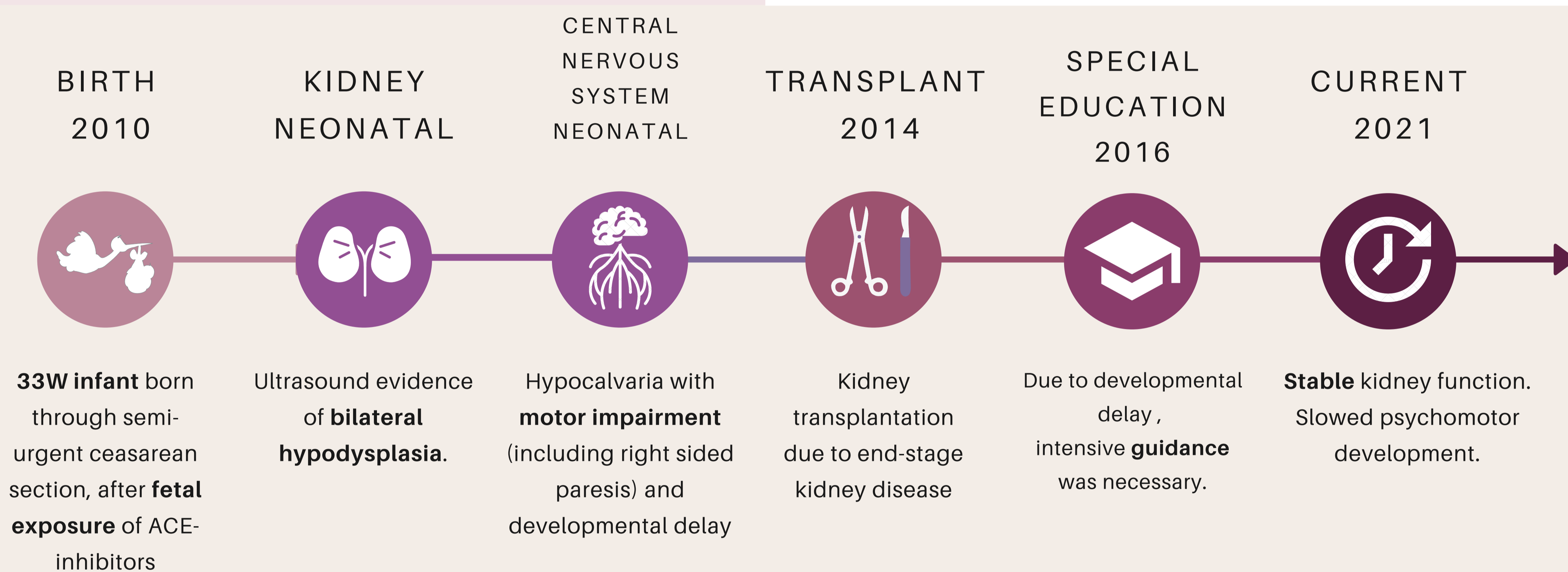
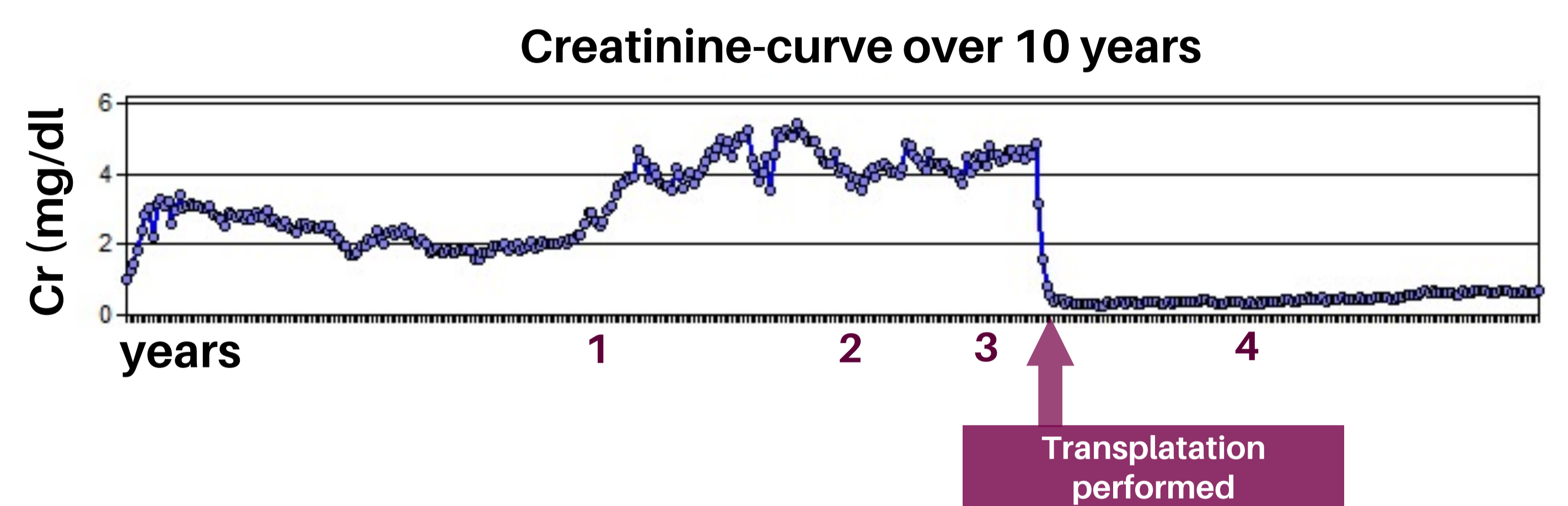
10-YEAR FOLLOW-UP OF THE TERATOGENIC EFFECTS AND NEUROCOGNITIVE DEVELOPMENT AFTER PRENATAL ACE-INHIBITOR EXPOSURE: A CASE REPORT

Background

Angiotensin-converting enzyme inhibitors (ACE-inhibitors) are among the **most frequently prescribed antihypertensive drugs** (1-4). Ingestion during pregnancy has a known increased risk of fetopathy, with **well-described congenital malformations** (2,3,5,6). Until now, little is known about the **long-term outcome** and the **impact** on a child's life. (7,8) The objective of this case report is to analyze long term outcome following prenatal exposure to ACE-inhibitors and describe the subsequent impact.

Case-report

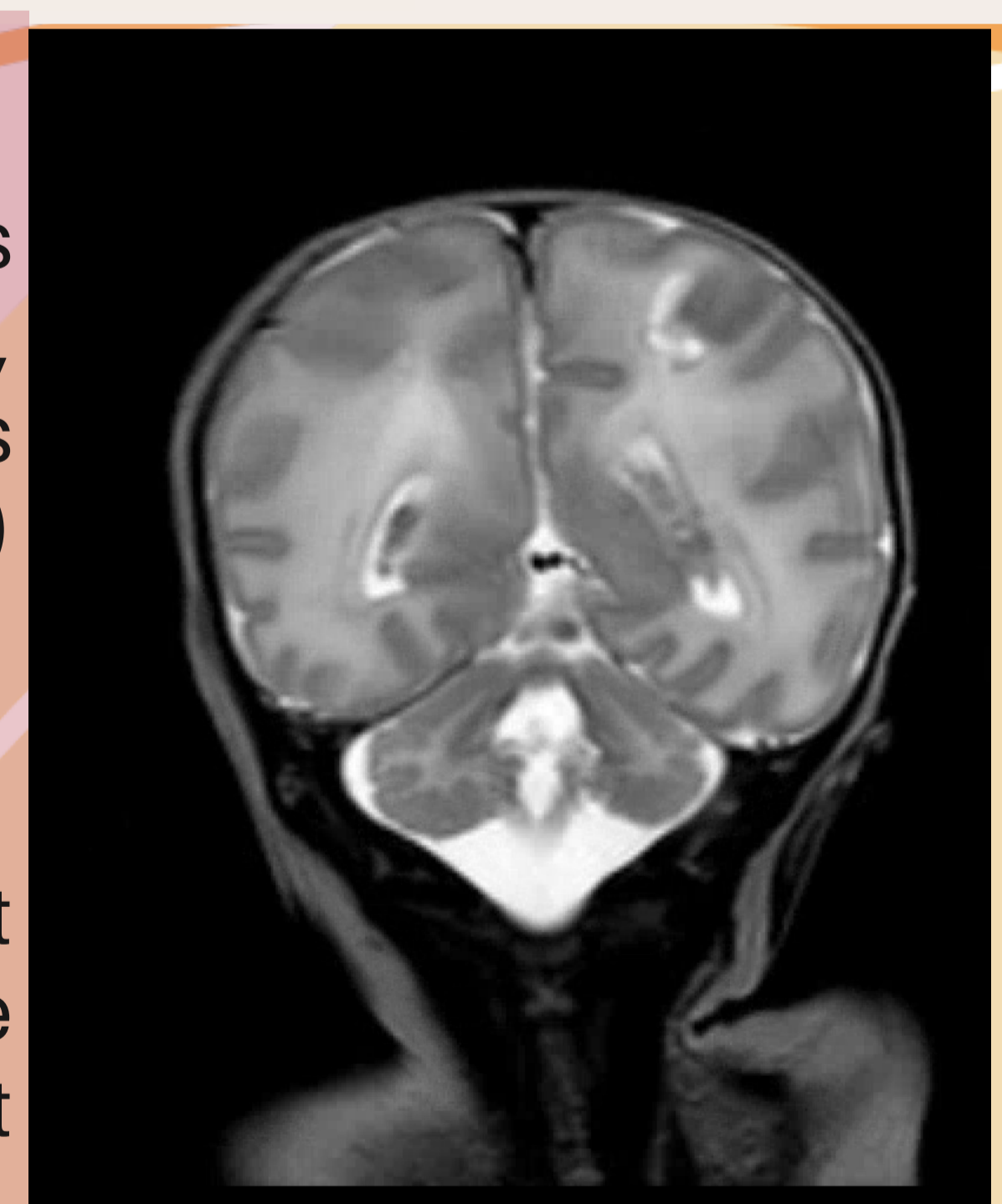
- 10-year-old child in follow-up for almost a decade at Ghent University Hospital.
- During his fetal period, his **mother suffered malignant hypertension** and had to continue her prescribed ACE-inhibitors despite known teratogenic effects.



Ultrasound of the kidney at one month old (right) showing a diameter of 6cm.

- Born with **hypocalvaria** (i.e. incompletely formed skull bones) as well as severe abnormalities of the central nervous system, resulting in **motor impairment** (including a right-sided paresis due to sequels of cortical haemorrhage) as well as developmental delay.

- **Initial need for dialysis**, renal function recovered partially, but caused the need for dialysis and kidney transplantation at the age of 4-years without post-operative complications and without further complications after discharge.



MRI of the brain at one month old, showing sequelae of haemorrhage shown in centrum semiovale left to cortical left and in the right periventricular area.

Discussion

Renal hypoplasia is well known in newborns prenatally exposed to ACE-inhibition, but there is a **gap in knowledge on other organs and long-term prognosis**.

This case documents that **other organs are equally involved**, and that long-term neurocognitive development is compromised in children having endured fetal exposure to ACE-inhibitors.

References

1. Snauwaert E, Vande Walle J, De Bruyne P. Therapeutic efficacy and safety of ACE inhibitors in the hypertensive paediatric population: A review. Vol. 102, Archives of Disease in Childhood. BMJ Publishing Group; 2017. p. 63-71.
2. JE S, J H E. ACE Inhibitors and Major Congenital Malformations. N Engl J Med. 2006 Sep 21;355(12):1280-1.
3. Tabacova SA, Kimmel CA. Enalapril: Pharmacokinetic/dynamic inferences for comparative developmental toxicity. Vol. 15, Reproductive Toxicology. Reprod Toxicol; 2001. p. 467-78.
4. Salvetti A, Pedrinelli R, Arzilli F, Abdel-Haq B, Magagna A, Lucatini A, et al. Angiotensin converting enzyme inhibitors in hypertension: A review. Vol. 5, International Journal of Clinical Pharmacology Research. Int J Clin Pharmacol Res; 1985. p. 429-38.
5. Bateman BT, Patomo E, Desai RJ, Seely EW, Mogun H, Dejene SZ, et al. Angiotensin-Converting Enzyme Inhibitors and the Risk of Congenital Malformations. In: Obstetrics and Gynecology. Lippincott Williams and Wilkins; 2017. p. 174-84.
6. Podymow T, Joseph G. Preconception and pregnancy management of women with diabetic nephropathy on angiotensin converting enzyme inhibitors. Clin Nephrol. 2015;83(2):73-8.
7. Partosch F, Stahlmann R. Hypertonie in der schwangerschaft: ACE-hemmer und angiotensin-II-rezeptorantagonisten sind wegen ihres fetotoxischen potenzials kontraindiziert. Vol. 34, Medizinische Monatsschrift für Pharmazeuten. Med Monatsschr Pharm; 2011.
8. Siddiqi N, Shatat IF. Antihypertensive agents: a long way to safe drug prescribing in children. Vol. 35, Pediatric Nephrology. Springer Science and Business Media Deutschland GmbH; 2020. p. 2049-65.