

Perinatal outcome of congenital toxoplasmosis at a single centre

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Objective. Prenatal screening for congenital Toxoplasmosis infection (cToxo) is part of the essential level of care in pregnancy in Italy, and its early diagnosis and treatment have allowed the reduction of cases of neonatal infections to less than 1%. The aim of our study was to evaluate such incidence in our center and to compare results from prenatal surveillance to postnatal outcome.

Materials and Methods. Retrospective analysis of cases of primary infection of toxoplasmosis observed in our hospital from 2009 to 2022. After a confirmed diagnosis on maternal serum, treatment with Spiramycine (S) or Pyrimethamine-Sulfadiazine (PS) was started depending on the time of maternal infection, and amniocentesis was offered to detect Toxoplasma DNA by PCR. Prenatal ultrasonographic (US) surveillance every 4 weeks and postnatal

evaluation of neonates to exclude infection and sequelae were performed.

Results. Of the 72 women (treatment: S - 93%, PS - 7%, 55 - 76%) underwent amniocentesis (median GA 18 weeks), with one positive case (1.8%) reported after an unrecognized infection with a late start of therapy, and one defined as doubt (1.8%) and not confirmed on the newborn. No signs of infection were detected by US in any of the 72 patients. Postnatal outcomes were available for 50 cases, all livebirths, with a median GA at delivery of 39 weeks (35-41), without evidence of cToxo or sequelae.

Conclusions. Early treatment in pregnancies with primary infection of toxoplasmosis is known to reduce risks of cTOXO, and multicenter studies should assess if amniocentesis is still necessary or should be considered only in specific cases.