



## Correspondence

## Fetal Imaging, Other Infectious Diseases Screening of Fetus With Zika Virus Infection and the Need for Long-Term Follow-Up



## Dear editor

The recent article by Vorona and Lanni<sup>1</sup> describing fetal magnetic resonance imaging findings in a 21-week fetus infected with Zika virus (ZIKV) is interesting. Nevertheless, still too much should be considered and discussed around a case like this because of its multiple clinical implications. ZIKV is an arbovirus considered an emerging pathogen.<sup>2</sup> ZIKV infection can cause an acute febrile illness associated with conjunctivitis, maculopapular rash, and arthralgia, among other findings, when symptomatic. Through March 2017, 84 countries and territories, including 49 in the Americas, have reported vector-borne ZIKV transmission. ZIKV produces a congenital syndrome associated mainly with neurological manifestations like microcephaly.<sup>2</sup> The Zika congenital syndrome has been reported in 24 countries and territories of the Americas so far (2,767 confirmed cases as of March 9, 2017). This finding enhances the need for reports such as the one of Vorona and Lanni<sup>1</sup> but also to have a wider availability of the sensitive method of diagnosis such as real-time polymerase chain reaction.<sup>1-3</sup>

During pregnancy, although magnetic resonance imaging evaluation would be useful in instances as reported by Vorona and Lanni,<sup>1</sup> it is still limited. An integrated diagnostic approach, including obstetric ultrasound, should be considered, as this is an important diagnostic tool for the Zika congenital syndrome and its associated consequences such as microcephaly, ventriculomegaly, intracranial calcifications, abnormal gyration, brain atrophy, and others less common neurological manifestations.<sup>3,4</sup> When suspected, in addition, a full infectious agent screening at pregnancy beyond the classical included at STORCH, such as syphilis, toxoplasmosis, rubella, cytomegalovirus, herpes, as well as HIV, Hepatitis B, malaria, dengue, chikungunya, Rift Valley fever, and many more endemic in certain areas related to negative pregnancy outcomes and/or birth defects with or without long-term effects in children, should be considered.<sup>5</sup>

Finally, it is still early to define which would be the term of follow-up for newborns from ZIKV-infected mothers, with or without Zika congenital syndrome, which, as has been also discussed in the article by Vorona and Lanni,<sup>1,6</sup> occurs in a relatively low proportion of newborns from confirmed infected mothers.<sup>6</sup> In any case, given the current evidence, there is the need for long-term follow-up and research of such cases to assess not just congenital but postpartum and later potential clinical consequences, including neurologic-related disability.

## References

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