EDITORIAL

The New Patient

By Khalil Rasromani *

The history of man for the nine months preceeding his birth would, probably, be far more interesting and contain events of greater moment than all the three-score and ten years that follow it. (Samuel Taylor Coleridge, 1983).

The interest in malformed fetus and infants dates back to the ancients. The Egyptians accorded reverence and burial rights to deformed infant more than 3000 years ago. The ancient Babylon made lists of birth defects and ascribed to them meaning from the God. Arab physicians described various congenital anomalies and they emphasized the importance of preventive measures. For many thousand of years the fetus was resting peacefully in his dark ocean, till the invention of ultrasound, foetoscopy and aminiocentesis. The praying eyes of the ultrasonographer and the fetoscopist rendered the once opaque womb transparent, letting the light of scientific observation fall on the shy and secretive fetus. Since then, the physical environment, anatomy, and physiology of the fetus, as well as fetal genetics, endocrinology, and biochemistry all have become accessible to observation and study.

These diagnostic procedures have flourished in a therapeutic vacuum. For many years antenatal diagnosis of a congenital anomaly has acquired in the minds of some the sinister image of a "search and destroy" mission. However, on the positive side, around the world a few score researchers and teams with a positive commitment to fetal survival and welfare are attempting fetal therapy as the logical sequel to fetal diagnosis.

This new field obviously bristles with problems. Improvement in diagnostic skills, understanding of natural history of fetal disorders, understanding the fetal tolerance to therapeutic stress, and liberal discussion of various ethical issues are urgently needed.

Looking many years ahead, we can see the uterus a new intensive care. A natural, sterile, safe, and inexpensive incubator for the malformed fetus. The congenital anomaly will be diagnosed accurately and a proper therapeutic measures will be safely undertaken. A surgical procedure will be performed and the fetus put back into its natural "intensive care", uterus.

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There are many anomalies which will need intrauterine diagnosis, and wait and see policy till the baby is born and the anomaly corrected. Some anomalies will require early delivery and others will require early caesarean section. Anomalies with irreversible damage will need intrauterine medical or surgical treatment. Intrauterine medical therapy will include hormonal replacement, nutritional support, blood transfusion and vitamin therapy. Fetal surgery will be indicated in congenital anomalies causing neurological, renal or pulmonary damage.

The day on which a child is born, is not necessarily simply a matter of fate but also can be a matter of whether we can care for the baby more safely and efficiently in the uterus or in the nursery. The fetus is our new patient who requires all our attention, care, skill, and might demand his legal rights.