



## Amnioexchange for gastroschisis does not help, and may even harm

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Gastroschisis is a congenital defect associated with infant morbidity related to temporary or permanent damage to the intestines exposed to the amniotic fluid: long periods of parenteral feeding or bowel atresia necessitating bowel resection. In the accompanying study (Luton et al. *BJOG* 2019; 126:1233–41), the authors explored whether twice weekly amnioexchange from 30 weeks until delivery reduced duration of ventilation and parenteral nutrition in fetuses with gastroschisis. The answer is that it does not. There may even be an excess of deaths in the treatment arm.

Why did the procedure fail to show any benefit? One possibility is that exposure to amniotic fluid has nothing to do with intestinal damage. This is unlikely, as there is evidence from animal work that removal of digestive secretions in the amniotic fluid reduced intestinal inflammation (Ashrafi et al. *Pediatr Surg Int* 2008;24:421–4). However, a previous non-randomised study (Midrio et al. *J Pediatr Surg* 2007;42:777–82) reported that serial amnioexchanges did not modify the biochemical or inflammatory status of amniotic fluid or prevent injury to the herniated gut.

The authors exchanged 'up to' 300 ml of amniotic fluid with normal saline. The mean amniotic fluid volume is 777 ml and does not change appreciably between 22 and 39 weeks, although the 95% confidence interval was wide (302–1997 ml) (Brace and Wolf *Am J Obstet Gynecol* 1989;161:382–8). Therefore, less than 40% of amniotic fluid volume was replaced with 300 ml amnioexchange. This may have been insufficient.

The effects of dilution of amniotic fluid with amnioexchange was transient, as shown by the authors, and a twice weekly interval may be too long. The authors nicely show that amniotic fluid digestive enzymes are elevated in gastroschisis as compared with controls. Even higher levels were seen with bowel atresia in the gastroschisis cohort. It is tempting to hypothesise that exposure of the intestines to amniotic fluid is the underlying cause of the bowel atresia. However, the converse may be true. Bowel atresia with resultant obstruction may lead to increased levels of digestive enzymes. Indeed, amniotic fluid gamma-glutamyl-transpeptidase (GGTP) and intestinal alkaline

phosphatase (iALP) were elevated in cases with gastro-duodenal and small bowel obstruction (Muller et al. *Prenat Diagn* 1994;14:973–9).

Of the five intrauterine demises in the study cohort ( $n = 34$ ), two were thought to be linked to the procedure. One death was observed in the control arm. The difference was not statistically significant, but the study was underpowered to assess mortality. In any case, the excess death rate in the trial arm is worrying.

In summary, the findings of the current study do not support the practice of amnioexchange (used similarly to the protocol reported in this study) to reduce intestine-related morbidity for fetuses affected with gastroschisis. Units offering amnioexchange need to re-think their practice. In the light of this study results, amnioexchange for gastroschisis would now be deemed unethical outside of clinical trials.

### Disclosure of interests

The author is a former scientific editor of *BJOG*. A completed disclosure of interests form is available to view online as supporting information. ■