Intrauterine Beta Blockade

Edward G. Abinader¹

Received: 11 December 2015 / Accepted: 15 December 2015 / Published online: 30 December 2015
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I read with interest your recent article [2] relating to the intrauterine use of maternal propranolol during the third trimester for the treatment of a fetus with familial hypertrophic cardiomyopathy (HCM). The intrauterine use of beta blockers in this condition has not been attempted before, and the authors are right in registering their concerns as to its use in utero because of potential fetal complications. Forty years ago we administered maternal fetal transplacental propranolol successfully for the control of fetal ventricular arrhythmia [1] which was diagnosed a few hours prior to delivery. Sedatives and narcotics failed, whereas beta blockade promptly controlled the arrhythmia without untoward maternal or fetal side effects. Our early publication in 1975 was acknowledged by others [3, 4] to be the earliest reported human fetal intervention of any kind. Eleven years later the first open in utero cardiac

pacemaker procedure was reported in 1986. Indeed, a journey of a thousand miles begins with a single step.

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✉ Edward G. Abinader
abinader@netvision.net.il

¹ Haifa, Israel