

Disease pattern

The cytomegalovirus (CMV) is a human herpes virus that is widespread and causes the most common congenital infection. CMV may be present in tear fluid, saliva, urine, genital secretions, as well as breast milk and blood of infected individuals. In immune competent individuals, an infection goes unnoticed or is accompanied by mild flu-like symptoms.

Following infection, the virus may persist intracellularly and may lead to generalized spread upon reactivation if immune competence breaks down.

Intimate contact (e.g. kissing on the mouth) with infants of up to three years of age poses a major risk factor for infection. Children are carriers of active virus vectors for longer period of time than adults.

If the primary infection occurs during pregnancy, the virus may be transmitted to the unborn child and cause embryopathy during the first trimester of pregnancy. The potential impairments include growth retardation, deafness or neurological defects. However, in many cases of congenital CMV infection no harm to the foetus is found.

Screening, diagnosis and treatment

Once antibodies (IgG, IgM) are detected in the blood, a previous infection of CMV is proven. These antibodies, however, do not prevent reactivation of CMV. Transmission of CMV to the unborn child may still occur. However, the risk of CMV transmission in anti-CMV-IgG positive women is negligible as compared to women with newly acquired CMV infection during pregnancy.

The treatment with antiviral agents is not possible during pregnancy because of drug induced embryopathy. Alternative therapeutic approaches with hyperimmune globulin are available, however, the clinical benefit has not yet been confirmed. There is no possibility for vaccination.

Based on these facts, the focus should be on preventing CMV infection in pregnant women.

Cytomegalovirus CMV

PREGNANCY

P A T I E N T I N F O R M A T I O N

Prevention and Recommendations

Preventive measures in general and before pregnancy:

- Disruption of important transmission paths.
- Practise thorough hand hygiene using water and soap after contact with nappies, urine, and children's bodily secretions such as saliva, tears, and nasal secretions.
- Avoid kissing infants on the mouth.
- Avoid sharing cutlery, crockery, toothbrushes, flannels, and towels.
- Thoroughly cleaning of toys that spoiled with saliva or urine.

Conclusion

An infection or reactivation of CMV is common and is usually asymptomatic in immunocompetent individuals. During pregnancy, the virus may be transmitted to the unborn child especially in case of primary infection. There is no established treatment for CMV infection. Prevention is based on education and observation of hygiene measures. In case of suspected infection during pregnancy further management should be taken over by a specialist on maternal-foetal medicine (expert in high-risk pregnancy).

CONTACT

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