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Preface

Preface: Volume 58



This issue of *Best Practice & Research: Clinical Obstetrics & Gynaecology* covers the topic of fetal therapy – the ever-changing and evolving practice of in utero treatment of fetal disease to the benefit of both the fetus and the pregnant woman. It provides a comprehensive discourse on a wide variety of fetal therapies for the benefit of all professionals involved in the field of fetal diagnosis and treatment, with the aim of advancing knowledge and skills.

There are chapters providing comprehensive reviews of long-established fetal therapy, such as for twin-twin transfusion syndrome, alloimmune anemia/thrombocytopenia, fetal tumors, hydrothorax, lower urinary tract obstruction, and dysrhythmias. The chapters on fetal therapy for severe congenital heart disease and congenital diaphragmatic hernia describe the advances since these techniques were first analyzed in depth in the 2012 issue on Fetal Diagnosis and Therapy in *Best Practice & Research: Clinical Obstetrics & Gynaecology*. The relative rarity and complex nature of the fetal interventions have led to international multicenter collaborations of variable success to investigate key criteria to delineate those who would benefit from those who would be disadvantaged by fetal therapy.

Of particular interest to me is the enthusiasm displayed by most physicians for new therapeutic techniques – often before, they have been tried and tested. For me, this enthusiasm often stems from the desperation of parents and the limited choices available between termination versus a dismal outcome of pregnancy. Never before has this enthusiasm been more evident than with the prenatal diagnosis of neural tube defects – perhaps because of the relative frequency of this diagnosis compared to other candidate diseases suitable for fetal therapy. The chapters presenting opposing views on open versus endoscopic approaches to fetal neural tube defect repair by Drs Alan Flake and Denise Araújo Lapa highlight our current knowledge, abilities, and limitations in this field and serve to inform physicians on the best approaches for their patients.

Conflicts of interest

None.

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