Dear Editor, the recent publication on Zika virus infection is very interesting. It is no doubt that Zika virus infection in pregnant is an actual challenge. The unwanted outcome of the infection in pregnancy is well documented. Nevertheless, there are many topics for further discussions. First, how to monitor the pregnancy until term required the outcome from the consensus of experts. Fetal monitoring should be required. The big question is how to manage the case with an identified abnormal fetus. The role of “abortion” for the termination of pregnancy will be the further controversial dilemma for the medical practice. In addition, the myth that there has never been previous observation on abnormal fetuses in the affected pregnant women in previous outbreaks outside America requires further investigation for explanation. In many tropical settings, such as Thailand, where the infected cases are already seen, there is still no report on abnormal fetuses.

Author Reply

Thank you for your interest and comments. As seen, I listed several challenges that the infection by Zika virus has imposed on the obstetric community, which require specific care. We agree that the consensus of experts should be considered, following the principle that should be constantly updated with the knowledge that care practice and research will provide. The discussion of abortion in these cases will be a long issue, especially in countries where this practice is permitted only in special situations. In Brazil, abortion is permitted in three specific situations: pregnancy as a product of sexual violence, risk of maternal life and anencephaly. For other situations, we can proceed with abortion only after specific judiciary permission. In regard to the non-occurrence of fetuses with abnormalities in the past, we may consider it under three points of view. The first one is that the number of cases was low; the second is that the infections have occurred in late pregnancy; and the third is that at that time the virus had not yet developed the mutations related to the impairment of the nervous embryonic and the fetal systems. These changes in the Zika maternal infection virus scenario may have occurred after the cases in Thailand were diagnosed.

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References