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Congenital Cytomegalovirus Infection in Pregnancy and the Neonate: Prevention, Diagnosis, and Therapy

Guest Editor:

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Message from the Guest Editor

Congenital cytomegalovirus (CMV) infection is a common prenatal viral infection affecting 0.3–2% of live born infants. Fetal infection may follow either maternal primary infection during pregnancy or maternal secondary infection with the reactivation of a latent virus or reinfection. The diagnosis of primary CMV infection in pregnancy is established after documentation of seroconversion by the new appearance of CMV-specific immunoglobulin G (IgG) and immunoglobulin M (IgM) antibodies in the presence of low avidity. Universal screening for CMV infection is the most reliable method to detect primary infection, however it is considered to be controversial. A new study assessing preventive therapy highlights the issue of effective screening before and during pregnancy.

Serial antenatal ultrasound (US) and third trimester-magnetic resonance imaging (MRI) are the two modalities used to identify lesions that carry a poor prognosis. Approaches to minimize vertical transmission of CMV infection and to treat CMV infection are being studied. These include CMV hyperimmune globulin (HIG) and the use of in utero treatment with antiviral therapy.

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