

Anomalies that Should Not Be Missed by Ultrasound

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The Ultrasound Diagnosis of Fetal Anomalies: An Overview

- Absence of a normally present structure
- Presence of an additional structure
- Herniation through a structural defect
- Dilation behind an obstruction
- Abnormal biometry
- Abnormal fetal motion

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Anencephaly

Absence of calvaria and underlying brain

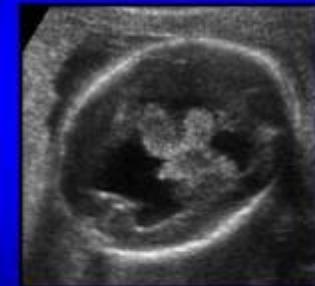


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Anencephaly Ultrasound Diagnosis

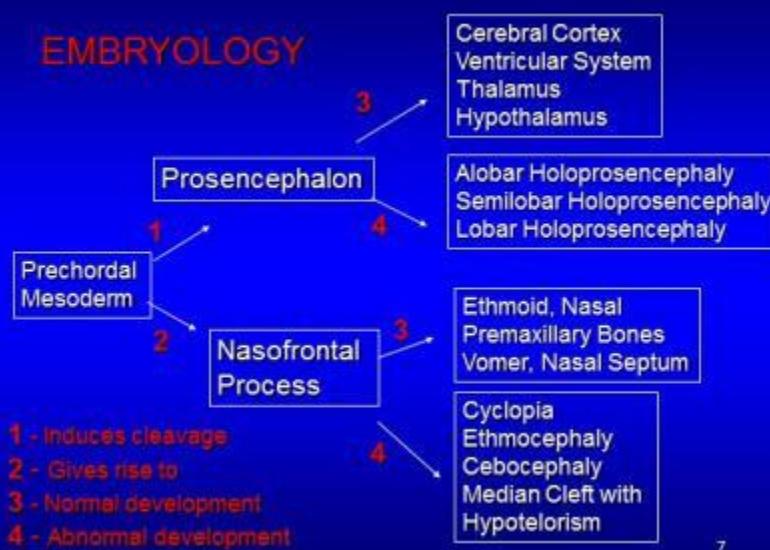


Arrhinencephaly/Holoprosencephaly



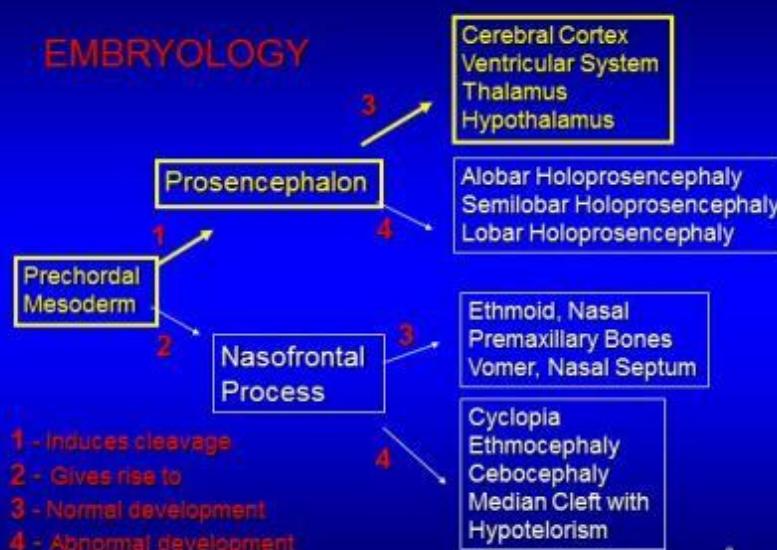
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EMBRYOLOGY



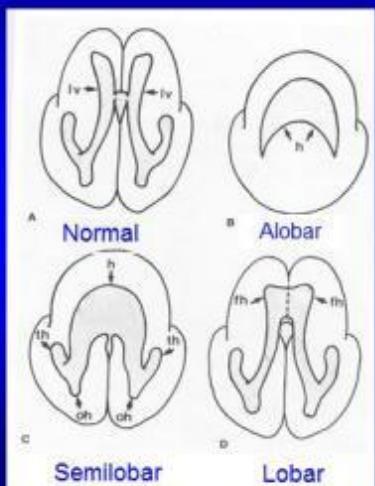
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EMBRYOLOGY



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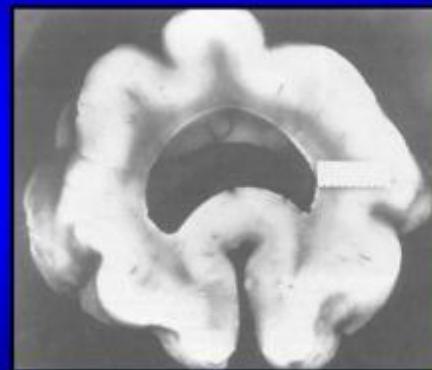
Holoprosencephaly



Absence of midline cerebral structures resulting from incomplete cleavage of the primitive forebrain

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Holoprosencephaly



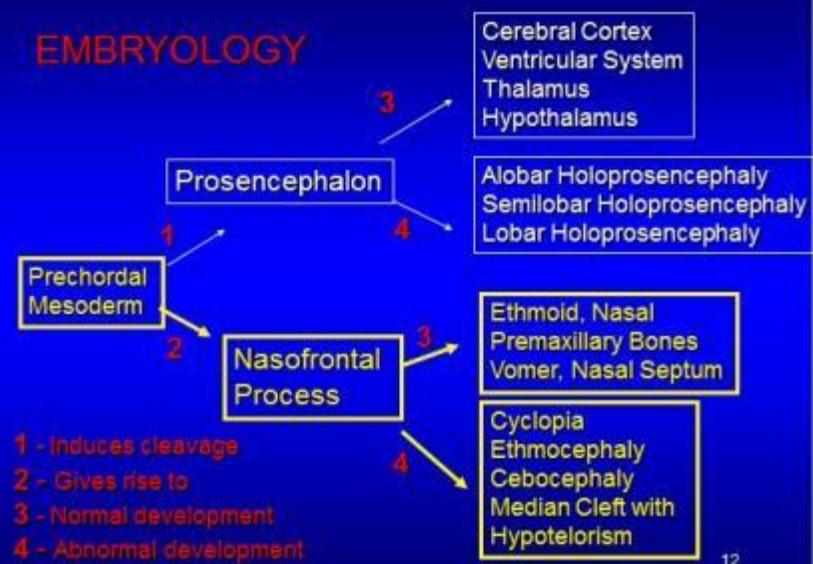
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Holoprosencephaly



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EMBRYOLOGY



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Cyclopia



Midline Facial Cleft with Hypotelorism



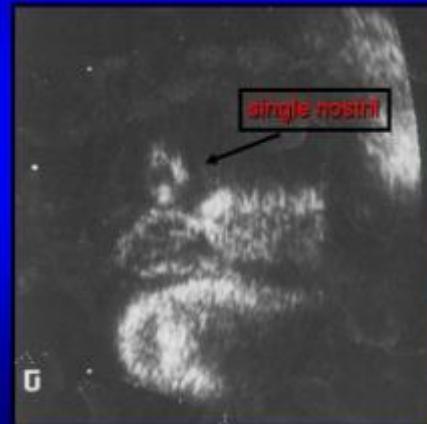
Cebocephaly



- Hypotelorism
- Normally placed nose
- Single nostril

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Cebocephaly
Ultrasound Diagnosis



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Holoprosencephaly Risk Factors

- Maternal diabetes
- Family history of holoprosencephaly
- Adults with mild manifestations of dominantly inherited holoprosencephaly

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Cleft Lip and Palate



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Cleft Palate



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Fetal Lip Ultrasound Assessment



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Cleft Lip Ultrasound Diagnosis



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Cleft Lip and Palate Ultrasound Diagnosis



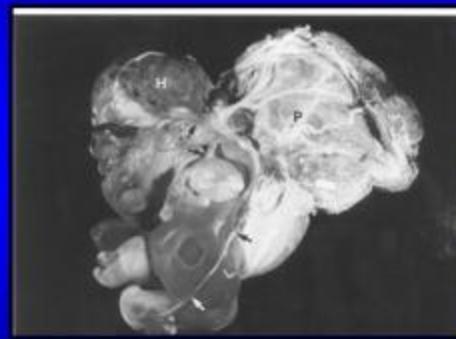
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Kidneys/Renal Agenesis



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Amniotic Band Syndrome

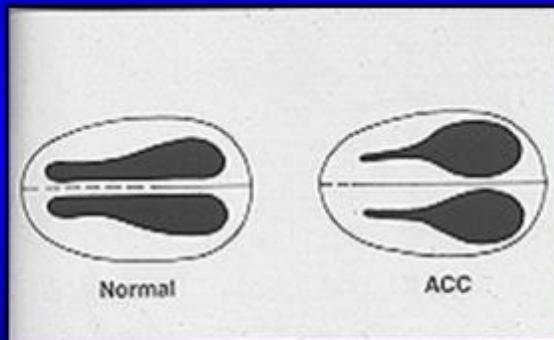


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Amniotic Band Syndrome



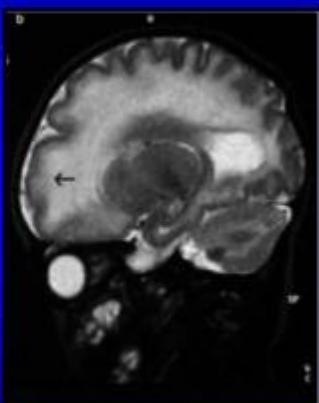
Agenesis of the Corpus Callosum



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Agenesis of the Corpus Callosum



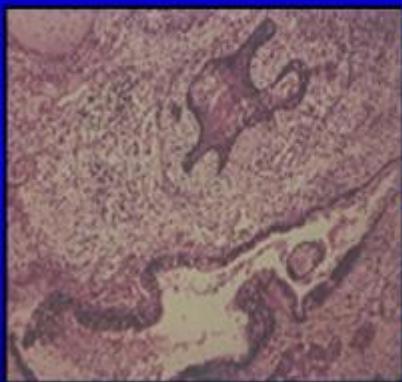
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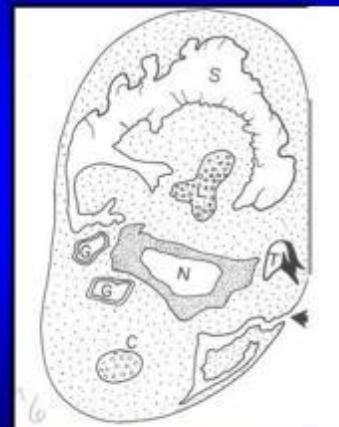
Fetal Teratomas



- Most common neoplasm of newborns
- Derived from pluripotent cells
- Composed of solid and cystic areas

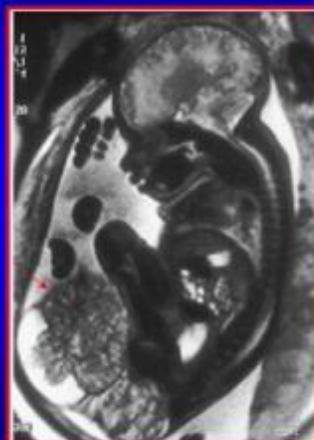
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Teratoma



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Teratoma



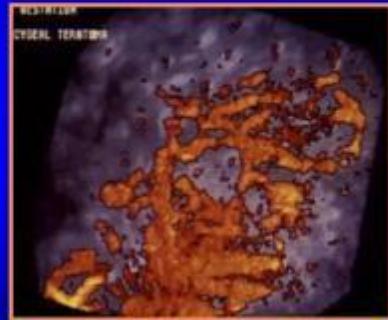
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Sacrococcygeal Teratoma



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Sacrococcygeal Teratoma



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Sacrococcygeal Teratoma



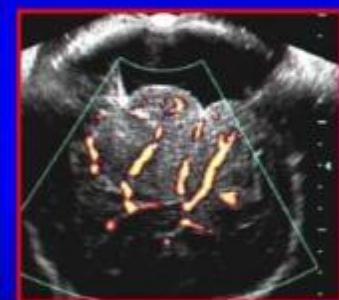
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Sacrococcygeal Teratoma



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Intracranial Teratoma



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Epignathus



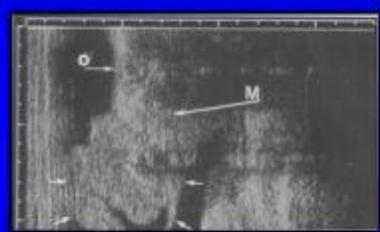
Epignathus



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Epignathus



Fetal Teratomas
Fetus-in-Fetu

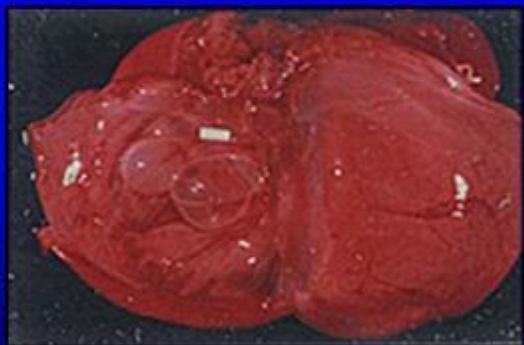


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Fetal Cystic Hygroma

Fluid-filled protrusions arising from abnormal development of the lymphatic system



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Cystic Hygroma

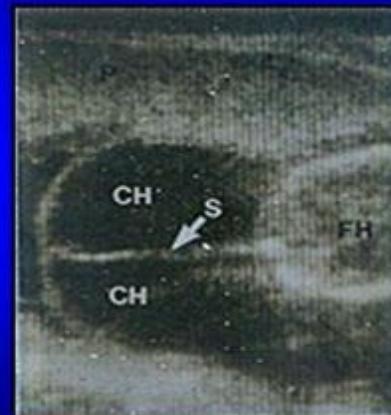


Fetal Cystic Hygroma



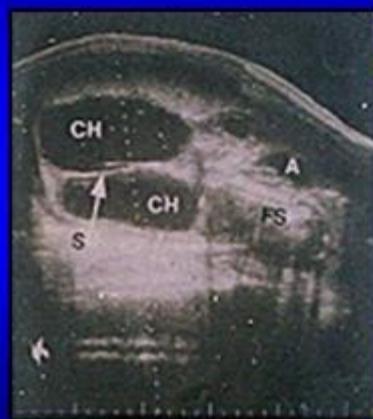
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Fetal Cystic Hygroma



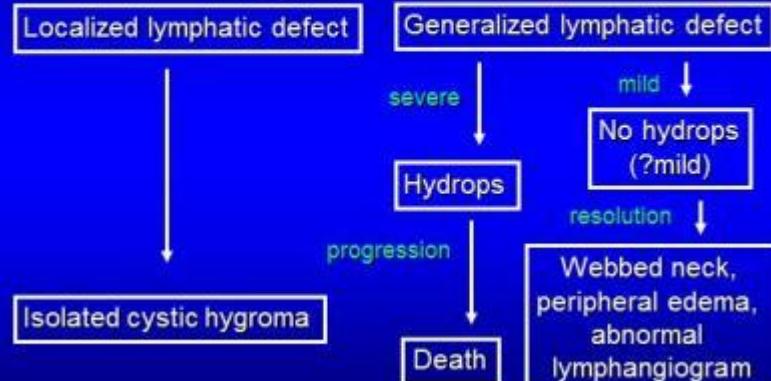
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Fetal Cystic Hygroma



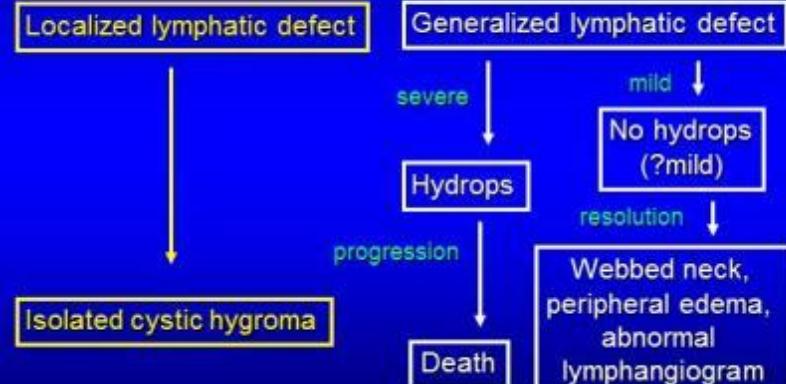
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Fetal Cystic Hygroma



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Fetal Cystic Hygroma



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Cystic Hygroma



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Cystic Hygroma: Surgical Resection



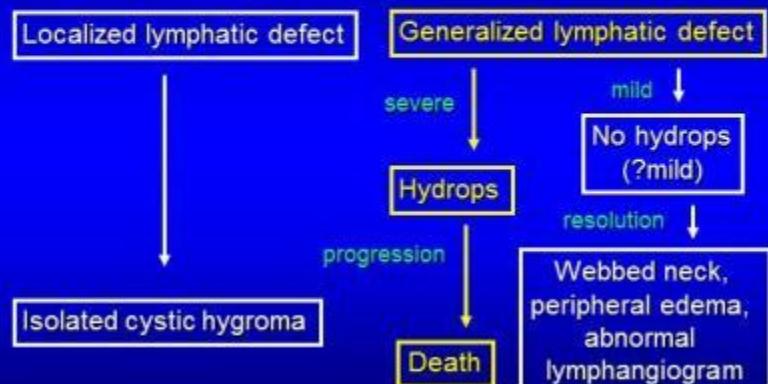
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Axillary Hygroma



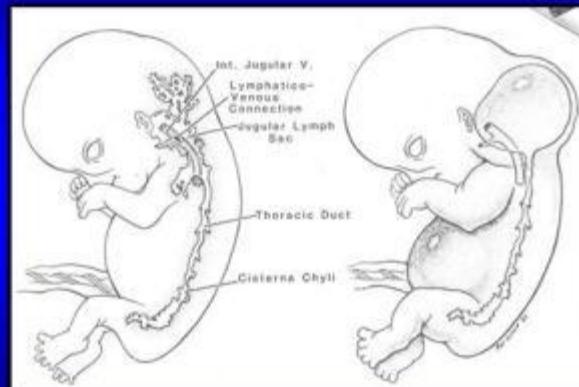
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Fetal Cystic Hygroma



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Cystic Hygroma



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Hydrops Fetalis Fetal Ascites



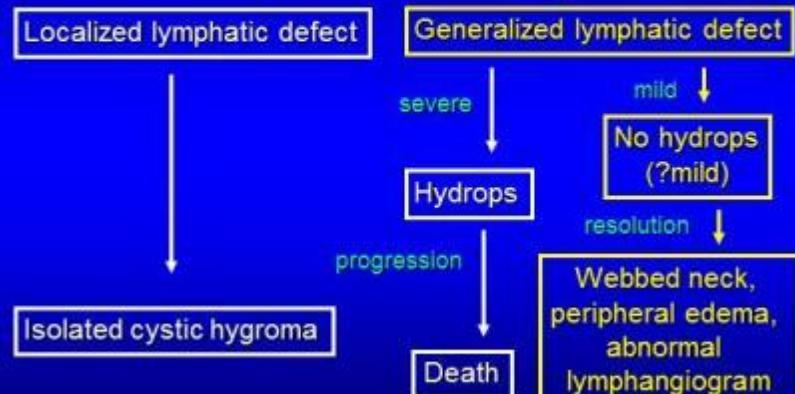
Hydrops Fetalis Pleural Effusions



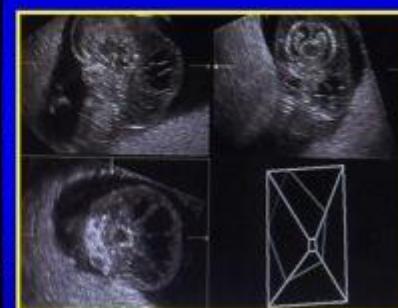
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Fetal Cystic Hygroma



Cystic Hygroma



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Cystic Hygroma



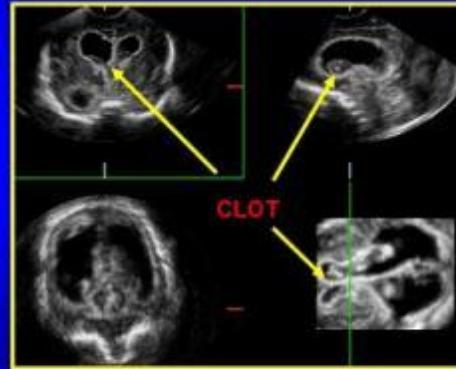
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Porencephalic Cyst



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Intracranial Hemorrhage



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Dandy Walker Malformation



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Rhombencephalon



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Vein of Galen AVM



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Vein of Galen AVM



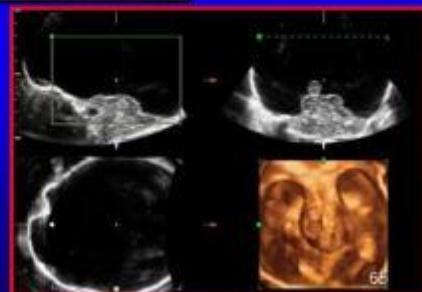
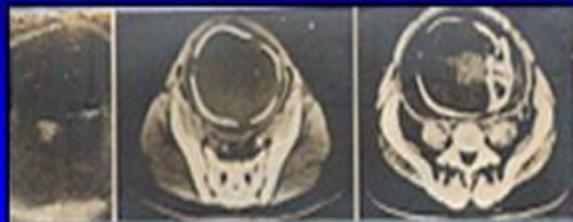
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Lacrimal Duct Cyst

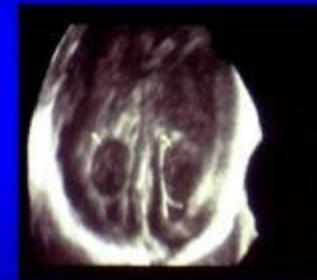


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Hydranencephaly



Choroid Plexus Cyst



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Neural Tube Defects

- NT and overlying mesoderm begin closure in the region of the fourth somite
- Fusion extends rostrally and caudally during the fourth week of fetal life

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Neural Tube Defects

Incomplete closure
of NT at rostral end

Cephalocele
Anencephaly

Incomplete closure
of NT at caudal end

Spina bifida

Neural Tube Defects

Incomplete closure
of NT at rostral end

Cephalocele
Anencephaly

Incomplete closure
of NT at caudal end

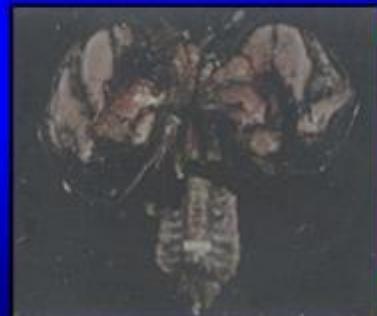
Spina bifida

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Cephaloceles

Herniation of meninges and frequently brain
substance through a defect in the cranium



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Encephalocele



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Cephalocele
Ultrasound diagnosis



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Encephalocele



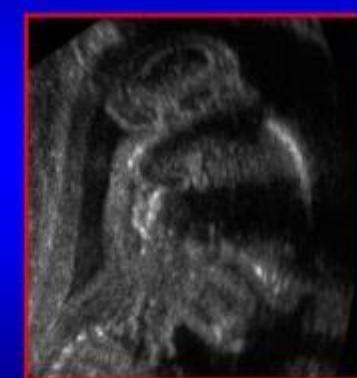
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Encephalocele



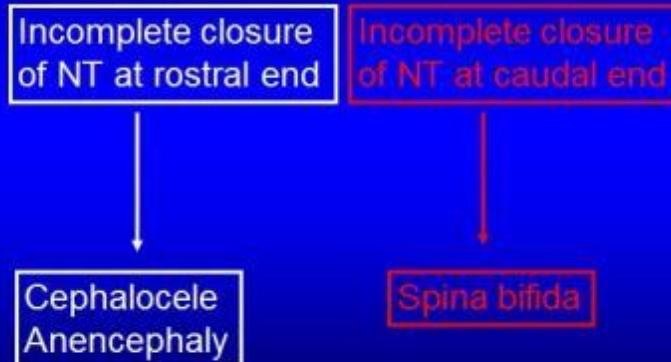
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Encephalocele



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Neural Tube Defects



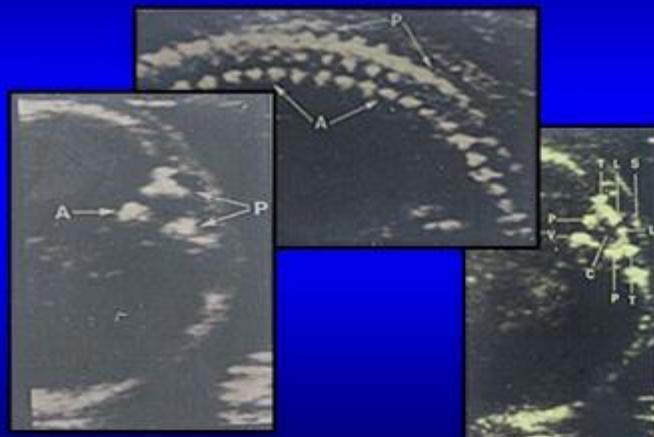
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Spina Bifida



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Evaluating the Spine



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Spina Bifida

Failed fusion at the caudal end of NT with herniation



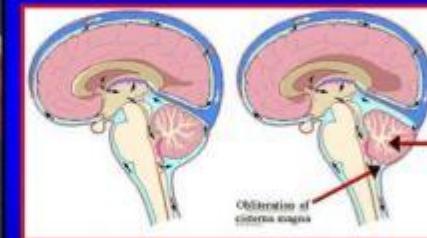
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Hydrocephalus/Spina Bifida



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Arnold-Chiari Malformation



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Arnold-Chiari Malformation



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Arnold-Chiari Malformation



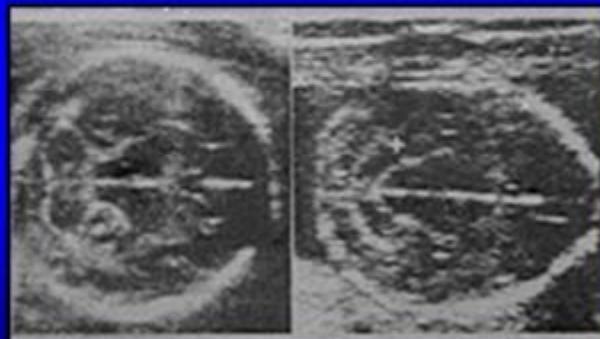
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Arnold-Chiari Malformation
Lemon sign



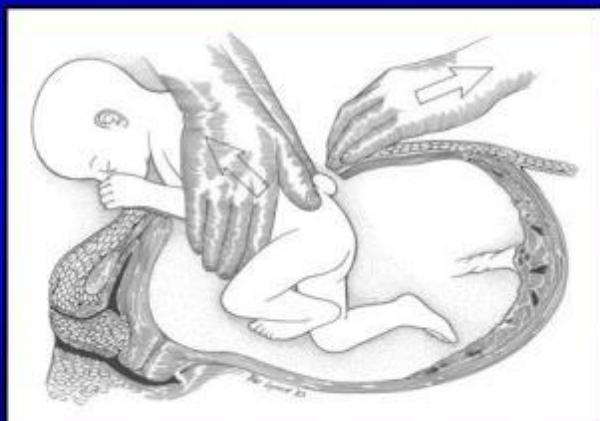
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Arnold-Chiari Malformation
Banana sign



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Neural Tube Defect: Delivery



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Omphalocele



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Omphalocele



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Omphalocele

Physiologic 1st
midgut herniation



Abnormal herniation of
abdominal contents



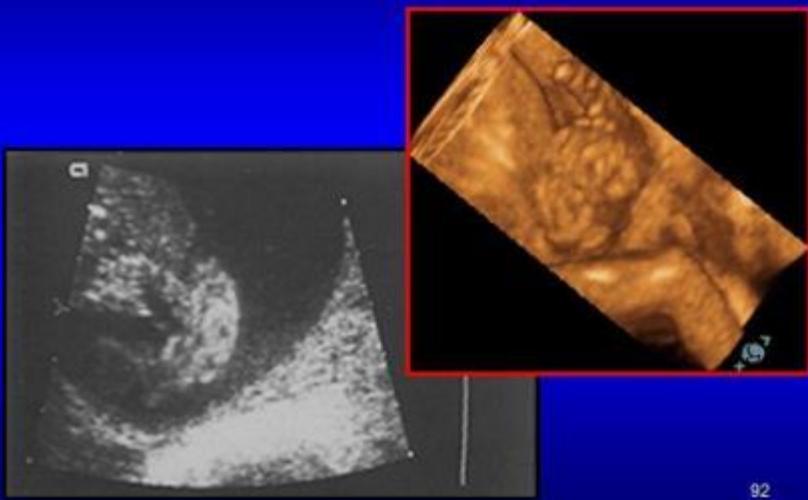
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Gastroschisis



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Gastroschisis



92

Gastroschisis



Congenital Diaphragmatic Hernia

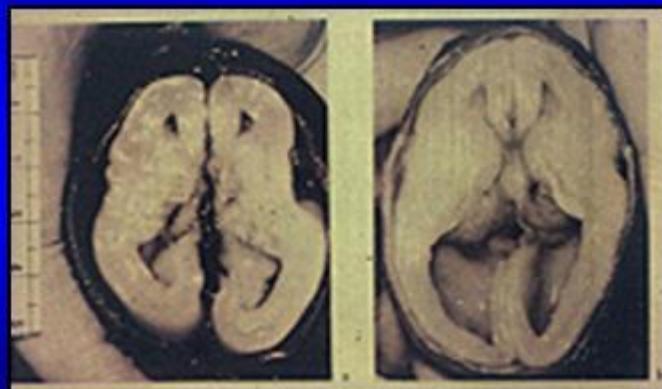


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Hydrocephalus



Hydrocephalus: Ultrasound Diagnosis



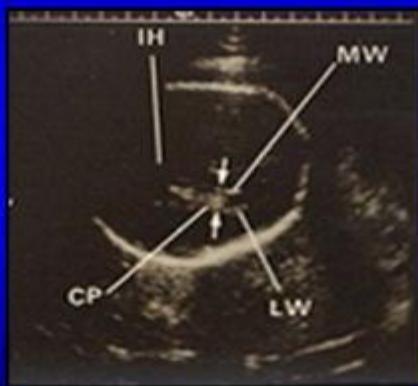
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Hydrocephalus



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Atrium of the Lateral Ventricle



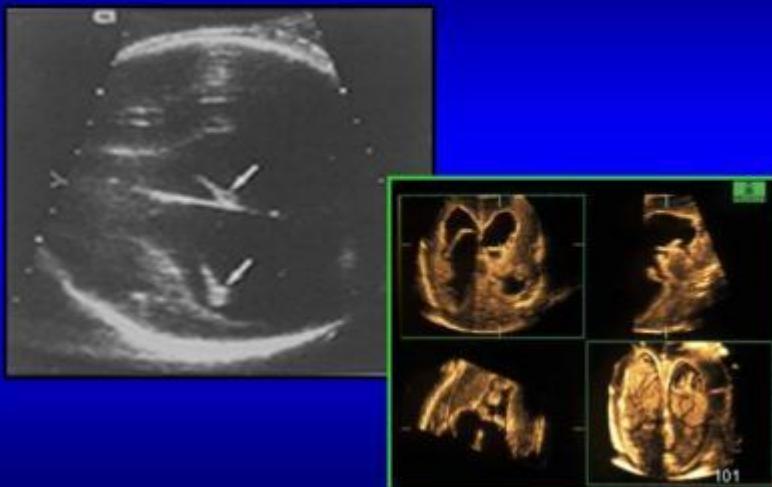
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Ventriculomegaly



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Hydrocephalus

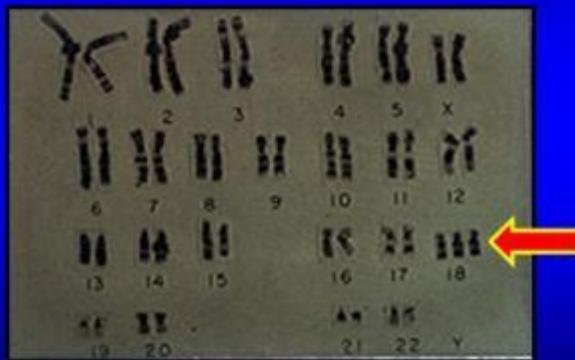


Hydrocephalus

- Detailed sonographic evaluation
- Fetal echocardiography
- Amniocentesis for fetal karyotype

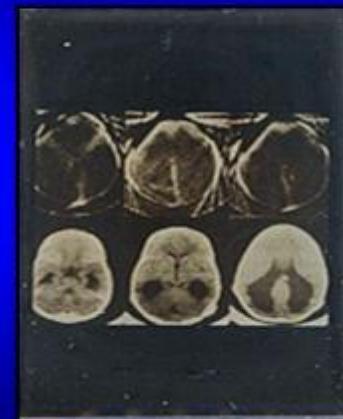
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Evaluation of Hydrocephalus: Fetal Karyotype



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Hydrocephalus



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Hydrocephalus: Outcome

- Dependent on etiology
- Increased frequency of mental retardation and early death
- Substantial possibility of normal, even superior intelligence

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Hydrocephalus

Management Options

Dependent on gestational age at the time of diagnosis and the association of other anomalies

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Hydrocephalus Management

- Before 24 weeks
 - Expectant mgmt
 - Abortion
- Before 30 weeks
 - Expectant mgmt
 - Ventriculoamniotic shunting

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Ventriculoamniotic Shunting

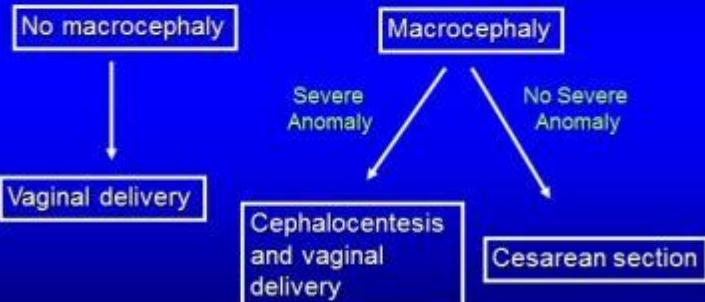


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Hydrocephalus:

Management after 30 weeks

Expectant management until fetal lung maturity



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Cephalocentesis



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Cephalocentesis



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Duodenal Atresia



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Fetal Small Bowel Obstruction

Dilation proximal to the area of obstruction



Bowel Obstruction



Bladder Outlet Obstruction

Obstruction to urinary flow with proximal dilation



Hydronephrosis



Multicystic Kidney



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Microcephaly

- Strictly translated - "small head"
- Clinical importance is association with microencephaly ("small brain") or mental retardation
- Rare - Incidence based on observations at birth range from 1 in 6250 to 1 in 8500

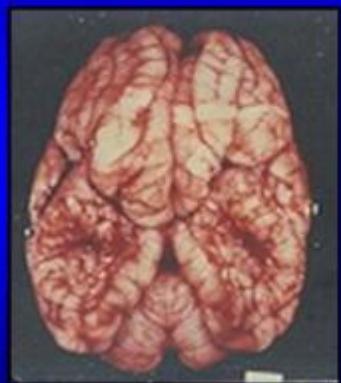
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Microcephaly



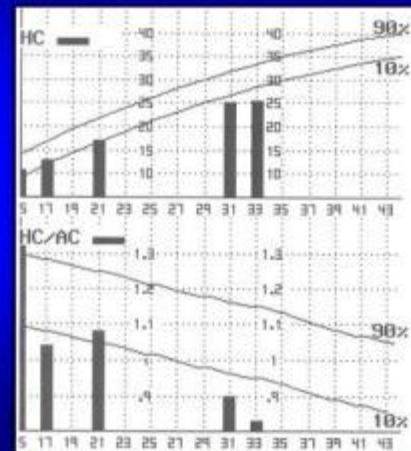
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Microcephaly



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Microcephaly



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Microcephaly: Diagnosis

- Normograms with means and standard deviations were derived from a longitudinal study of 695 sonographic evaluations of 45 normal fetuses
 - Biparietal diameter
 - Occipito-frontal diameter
 - Head perimeter
 - Head perimeter/abdominal perimeter
 - Biparietal diameter/femur length
 - Femur length/head perimeter

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Microcephaly: What is too small?

Sensitive tests with no errors in exclusion:

- BPD > -4 SD
- OFD > -2 SD
- HP > -3 SD
- HP/AP > -1 SD

Specific tests with no errors in diagnosis:

- OFD < -4 SD
- HP < -5 SD
- HP/AP < -3 SD
- FL/HP > 3 SD

The use of multiple diagnostic tests appears necessary for both accurate diagnosis and exclusion of fetal microcephaly

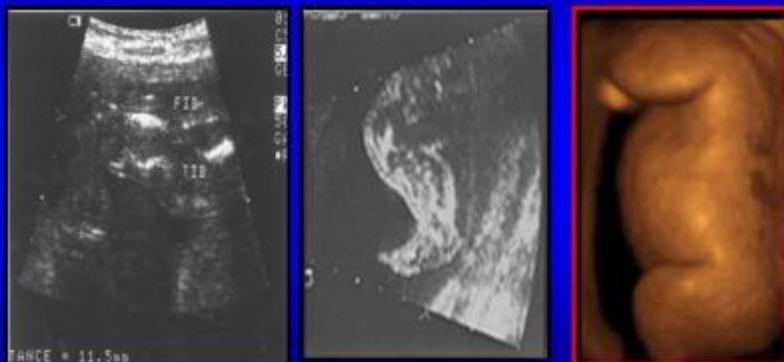
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Microcephaly: Outcome

- Most are mentally retarded
- The smaller the head, the worse the prognosis
- If part of a genetic syndrome, uniformly dismal outcome
- Possibility of normal intelligence even with very small head size

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Skeletal Dysplasias



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Thanatophoric Skeletal Dysplasia



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Thanatophoric Skeletal Dysplasia



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Thanatophoric Skeletal Dysplasia
Cloverleaf Skull



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Orbital Distance:
Evaluate for Hypotelorism



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Orbital Distance:
Evaluate for Hypertelorism



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Hypertelorism



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Polycystic Kidney Disease



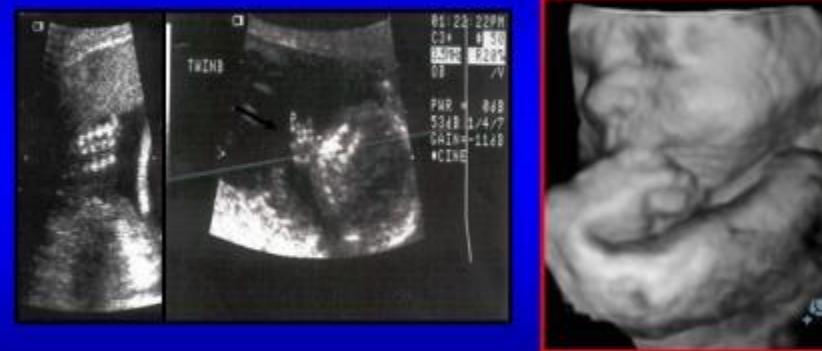
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Polycystic Kidney Disease



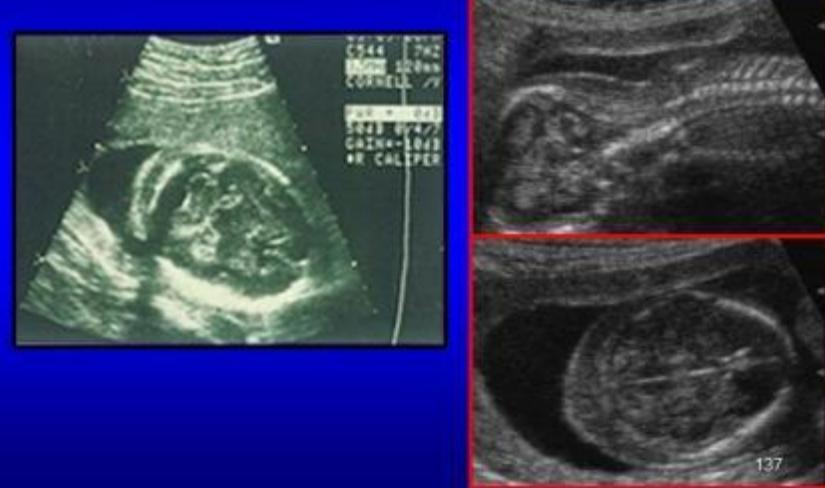
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Hypoplasia of the Middle Phalynx of the Fifth Digit



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Nuchal Fold



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Nuchal Translucency



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Nuchal Translucency



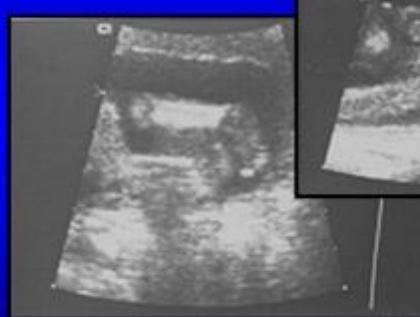
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Clubfoot



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Arthrogryposis



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Arthrogryposis



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Endocardial Cushion Defect:
AV Canal



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Ectopia Cordis



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