

Abdominal Wall Defect Found at the First-trimester Ultrasound Scan

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SECTION 1 – QUIZ

Case description

We report a case of a nulliparous 28-year-old Portuguese woman at 14 weeks of gestation for her first prenatal visit. She was healthy without known underlying conditions or surgical history.

The first trimester combined screening revealed a reduced risk for trisomy 21 (1:4403), trisomy 18 (1:55517), and trisomy 13 (1:42660) with pregnancy-associated plasma protein-A = 0.58 MoM and free beta-human chorionic gonadotropin = 0.59 MoM.

In ultrasound (US), we found a live fetus with indeterminable crown-rump length due to the inability of obtaining a full longitudinal view of the appropriate

structures [Figures 1 and 2]. The nuchal translucency was impossible to measure [Figure 3].

The fetus appeared fixed in position. There was a severe midline defect of the fetal abdominal wall with a protruding abdominal mass adherent to the placenta suggesting an evisceration of the abdominal contents [Figure 4]. The cord insertion site could not be identified, and no free-floating loops of the cord were seen. In a cross-sectional view of the abdomen, there was a marked deviation of misalignment of the lower limbs [Figure 5]. The placenta was located on the anterior wall of the uterus, and the amniotic fluid amount was normal. Cytogenetic study for aneuploidy revealed a

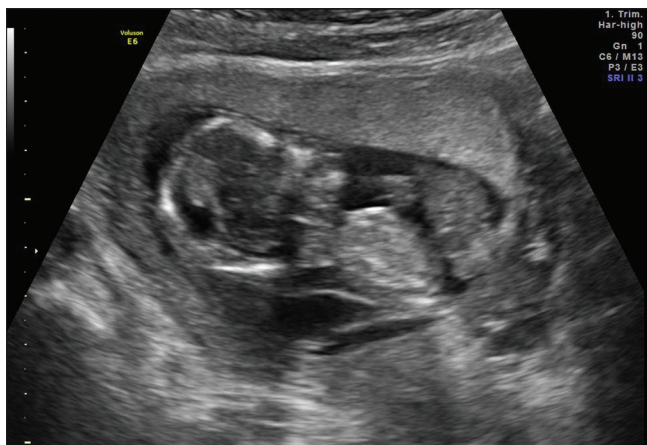


Figure 1: Ultrasound: Indeterminable crown-rump length

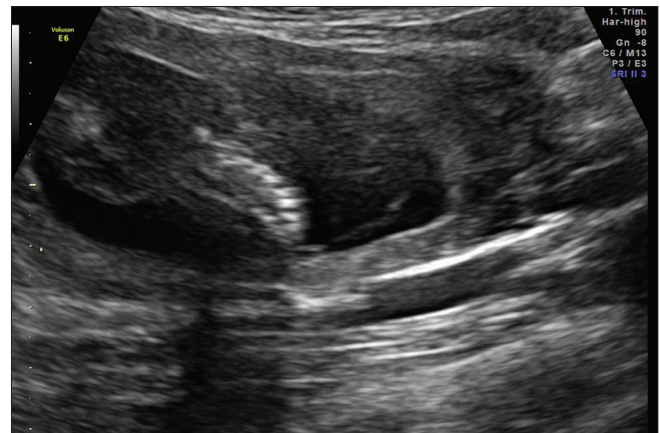


Figure 2: Ultrasound: Abnormal spine suggesting scoliosis

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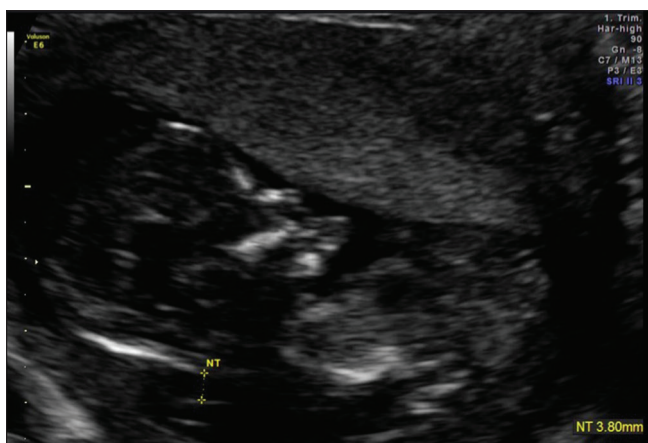


Figure 3: Ultrasound: Longitudinal view of the head

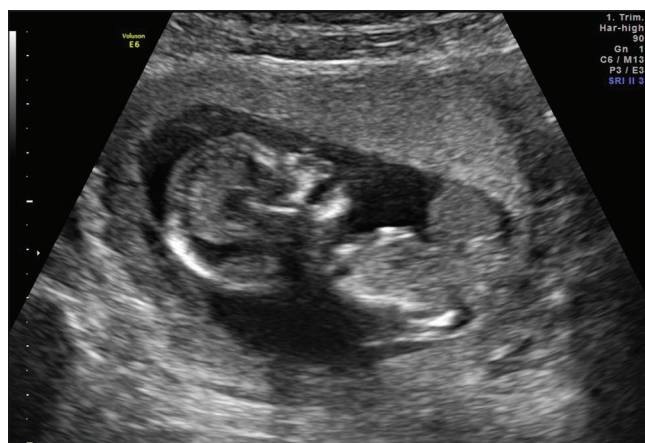


Figure 4: Ultrasound: Abdominal mass adherent to the placenta surface



Figure 5: Ultrasound: Cross-section view of the abdomen-deviation of the lumbar spine and misaligned lower limbs



Figure 6: Postabortion images-severe kyphoscoliotic with asymmetric lower limbs and evisceration of the abdominal contents



Figure 7: Postabortion images-severe kyphoscoliotic with asymmetric lower limbs and evisceration of the abdominal contents

normal karyotype. The postabortion study confirmed the US findings [Figures 6 and 7].

WHAT IS THE DIAGNOSIS?

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given her consent for her images and other clinical information to be reported in the journal. The patient understands that her name and initial will not be published and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

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Nil.

Conflicts of interest

There are no conflicts of interest.