

An Ultrasound Diagnosis of a Congenital Periorbital Rare Condition

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SECTION 1 – QUIZ

Case description

A 38-year-old pregnant woman, gravida 2 para 1 (cesarean delivery for active phase arrest) with asthma medicated with a combination of inhaled glucocorticoid (fluticasone) plus a long-acting beta agonist (salmeterol) twice a day, no history of congenital malformations in the family, was referred to our obstetric department in the first trimester for pregnancy surveillance.

The combined first trimester screen reported a low risk for major chromosomal aneuploidies (trisomies 21, 18 and 13). The second trimester scan showed a female fetus, apparently without any anatomical abnormality. The placenta was anterior, the umbilical cord had three vessels and the amniotic fluid volume was normal. At 28 weeks of pregnancy, an ultrasound showed a hypoechogenic and circular image located on the anterior and medial left orbital surface, without blood flow in or around it, with approximately 8 mm × 7 mm [Figure 1].

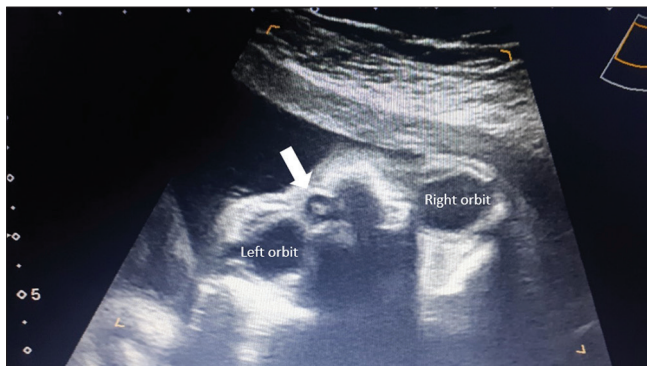


Figure 1: Ultrasound image of the orbital transverse plan. A hypoechogenic and circular image at the anterior and medial left orbital surface is pointed by a white arrow

A complementary magnetic resonance study was requested, which identified a small cystic aspect formation with hyposignal on T1 and hypersignal on T2 [Figure 2].

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 The patient understands that her name and initials will not be published and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.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.



Figure 2: Magnetic resonance imaging of the orbital transverse plan, T2 weighted image

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