Perinatal Ultrasound Case Presentation

Odyssean Challenge

Richard Porreco, MD., & Brooke Crofts, RDMS.

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Ultrasound images courtesy of:
Brooke Crofts, RDMS. Obstetrix Medical Group of Colorado – Denver (USA)

Richard Porreco, MD.

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Resume:

Richard Porreco, M.D. graduated magna cum laude from the University of Colorado School of Medicine. He completed a residency in Obstetrics and Gynecology at the University of Colorado and a fellowship in Maternal Fetal Medicine and Genetics at the University of California, San Diego. He has received Board Certifications in Obstetrics and Gynecology, Maternal Fetal Medicine and Medical Genetics. Currently he serves as Director of Maternal Fetal Medicine at Presbyterian/St. Luke's Medical Center and has an active practice in high risk obstetrics that extends throughout the Rocky Mountain community. His contributions to the literature reflect interests ranging from prenatal diagnosis to the role of cesarean in modern obstetrics.

Brooke Crofts, RDMS graduated from the University of Colorado Health Sciences Center Ultrasound Program in 2006. After graduation, she practiced general ultrasound for one year until finding her passion for obstetrics and gynecology. She began working directly with the Obstetrix Medical Group of Colorado doctors at Presbyterian/St. Luke's Medical Center in 2008. Ultrasound exams and procedures range from inpatient and outpatient exams, fetal Doppler and cardiac studies, Nuchal Translucency exams, amniocentesis, fetal thoracocentesis/paracentesis, and Intrauterine Fetal transfusions. Currently she and her family reside in the beautiful town of Steamboat Springs, CO.

Learning Objectives

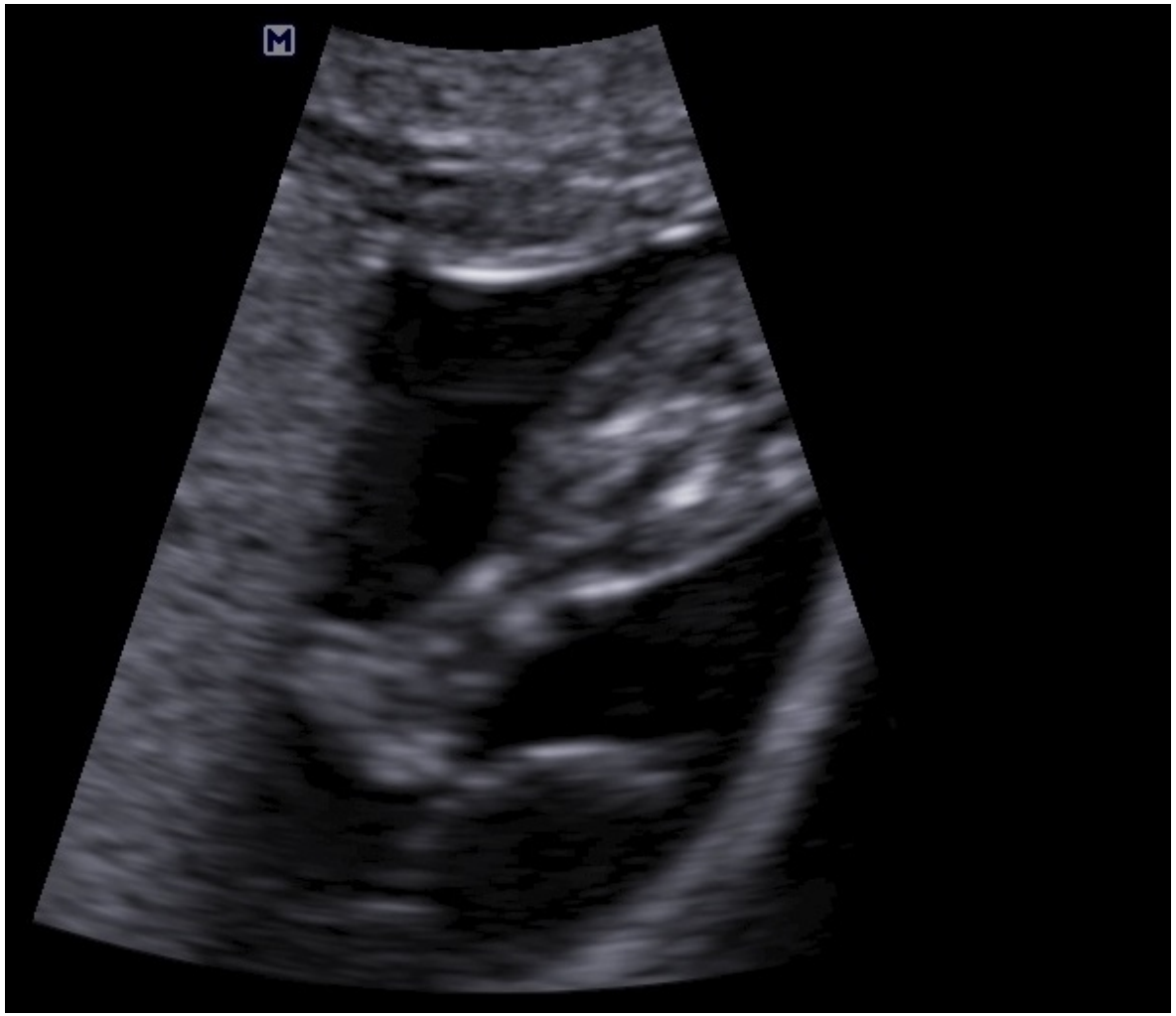
Following the completion of this educational activity:

- The learner should be able to **describe** the features of the first trimester imaging diagnosis of this lethal disorder.
- The learner should be able to **differentiate** the two competing pathophysiologic etiologies of this dramatic anomaly.
- The learner should be able to **outline** the appropriate counseling for families as to the recurrence risks associated with this embryopathy.

Part 1

A 24-year-old women, para 2 with three living children, was seen in our fetal evaluation unit at 12 weeks 1 day gestation. She had a current dichorionic diamniotic twin gestation. Twin A had a crown rump length (CRL) of 5.24 cm (11 weeks 5 days) and a nuchal translucency of 1.3 mm; amniotic fluid volume (AFV) was normal and no other embryopathy was seen. Twin B had a CRL of 4.22 cm (10 weeks 6 days) and a nuchal translucency of 1.9 mm; AFV was normal and extensive embryopathy was documented. Follow up evaluation was completed at 14 weeks 1 day. Twin A had normal AFV and appeared to be progressing normally; Twin B remained embryopathic abnormal in appearance with modestly decreased AFV. A procedure was offered.

Images 1



Ultrasound images courtesy of:

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Image 2

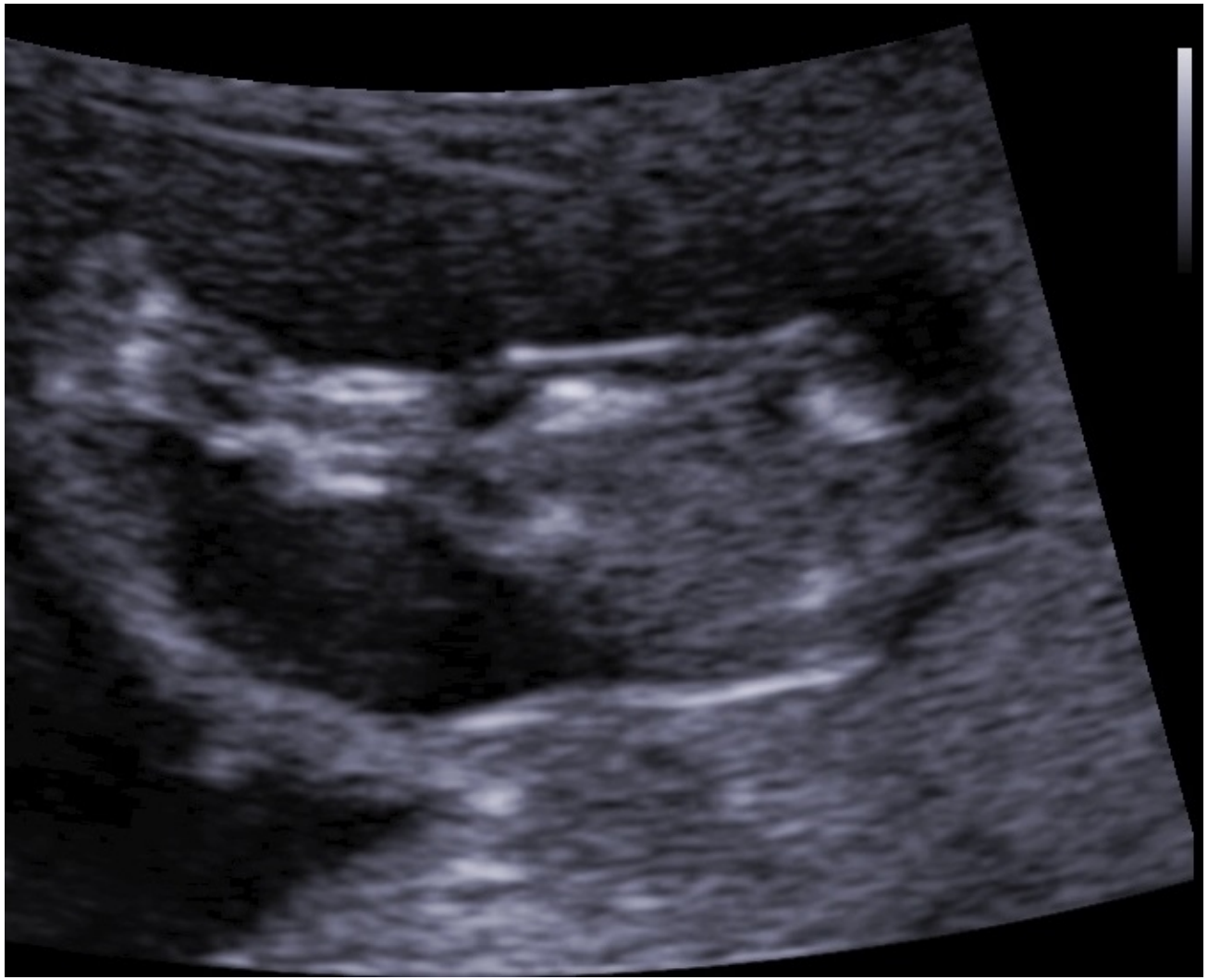

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Image 3

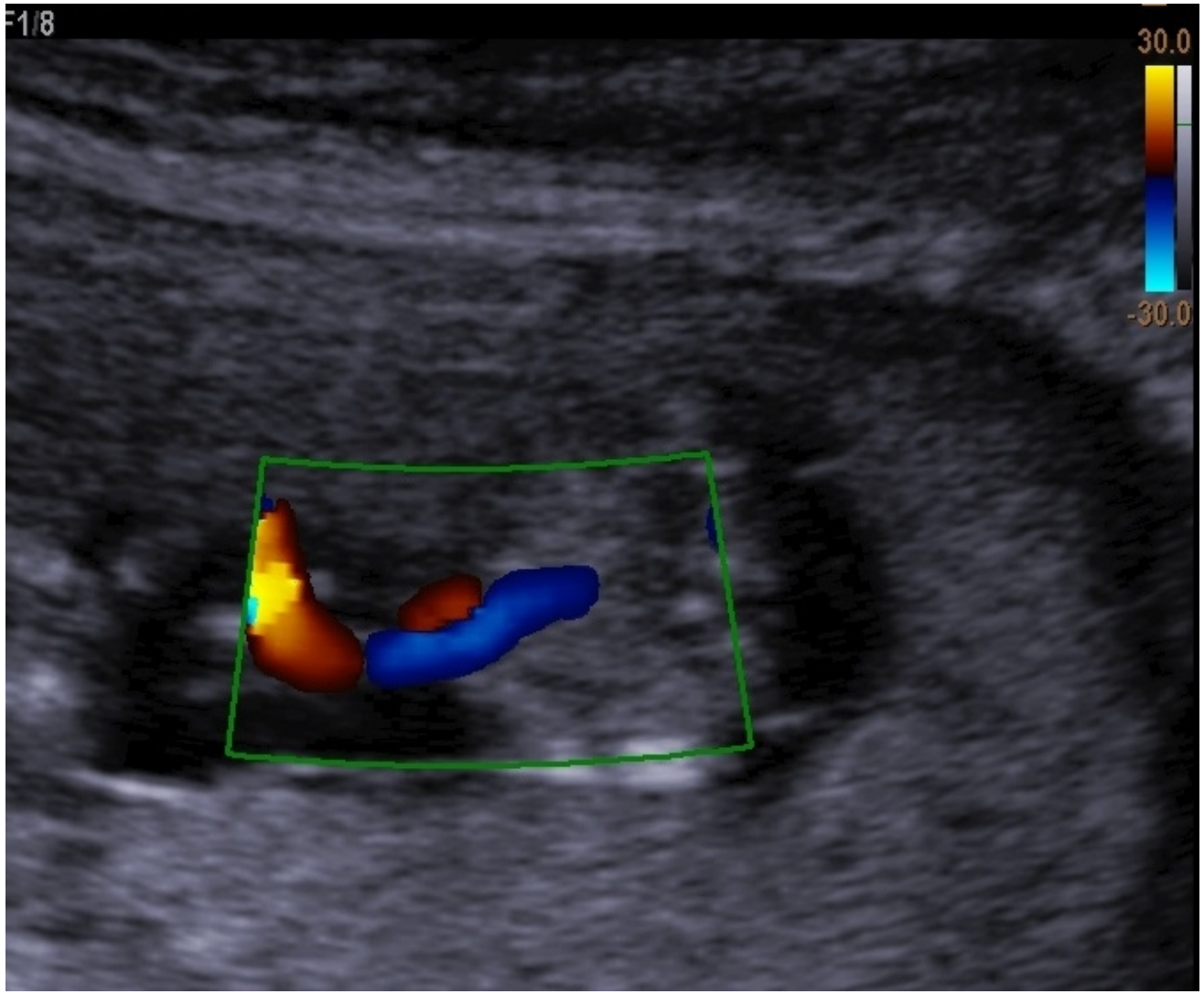

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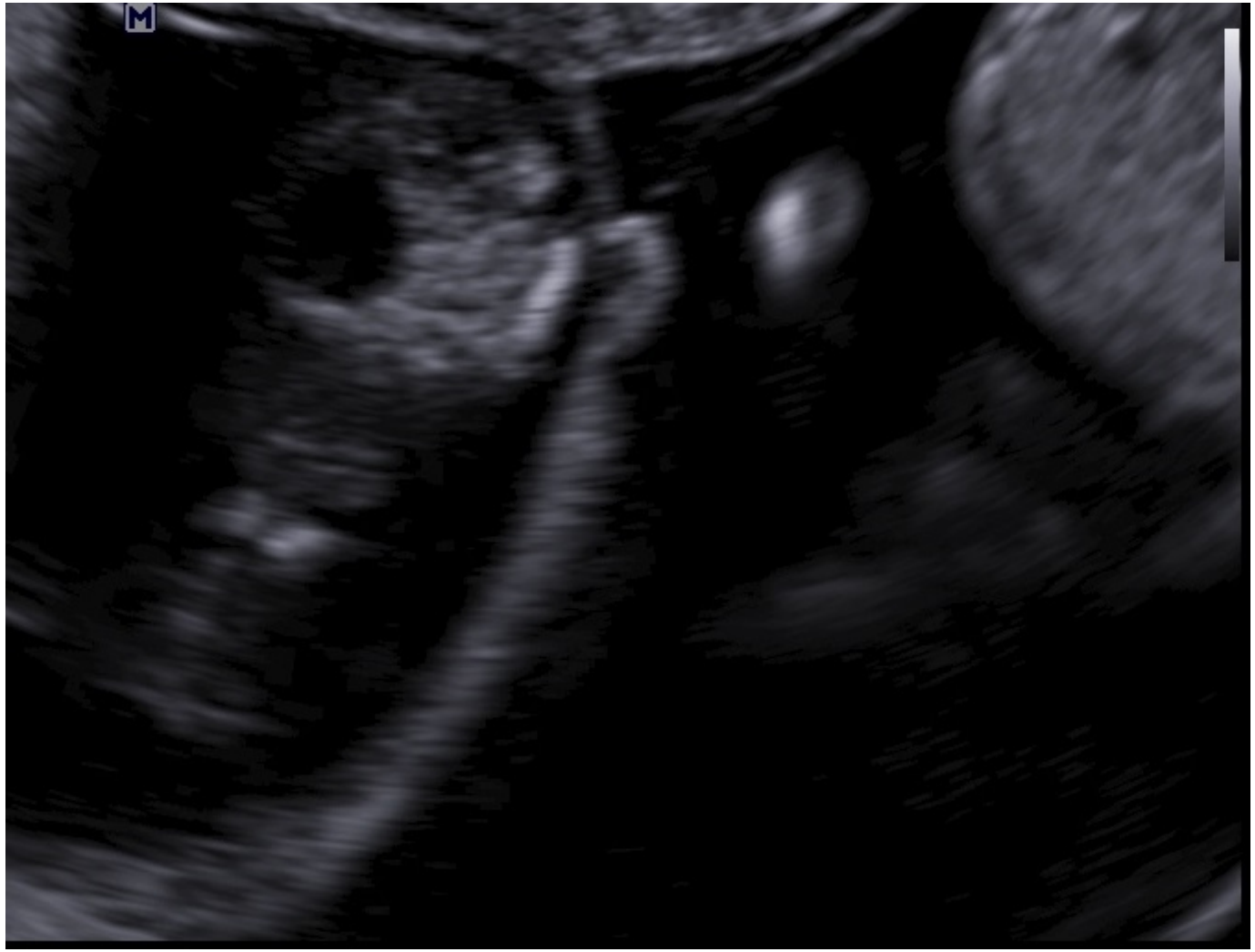
Image 4



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Take a moment to reflect on the case and images presented.

1. What might your diagnosis be?

1. When faced with this case, consider what your next steps might be?

1. To read about diagnosis/management/review of literature proceed to part II by clicking on the “View PDF” link for Part II.

1. Following review of Part II you will have an opportunity to take the post-test and access a list of references.