

## Ultrasound Case Presentation

# When two is not always better than one.

George Lu, MD

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Ultrasound images courtesy of Crystal Ayers, ARDMS  
St Luke's Hospital, Perinatal Ultrasound Department, Kansas City, MO.  
(USA)

# George C. Lu, MD



George Lu, MD, received his combined 6yr BS/MD degree thru the University of Akron and Northeast Ohio Medical University. Upon graduation from medical school, he completed an Internal Medicine residency at the University of Pittsburgh, in Pittsburgh, PA, followed by an OB/ GYN residency at Summa Medical Center in Akron, OH. He then completed his Maternal-Fetal Medicine fellowship at the University of Alabama, in Birmingham, AL.

He worked with Obstetrix Medical Group of Kansas and Missouri in Kansas City, MO starting in 2001. He has served as the practice medical director since 2007 and is also an assistant professor in the departments of OB/ GYN and Radiology at the University of Missouri in Kansas City. He is also the assistant MFM fellowship director at the University of Missouri in Kansas City and continues to work in the area of perinatal medicine in the Kansas City area.

His research interests include medical complications of pregnancy, operative obstetrics, and multiple gestations.

# Learning Objectives

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Following the completion of this educational activity:

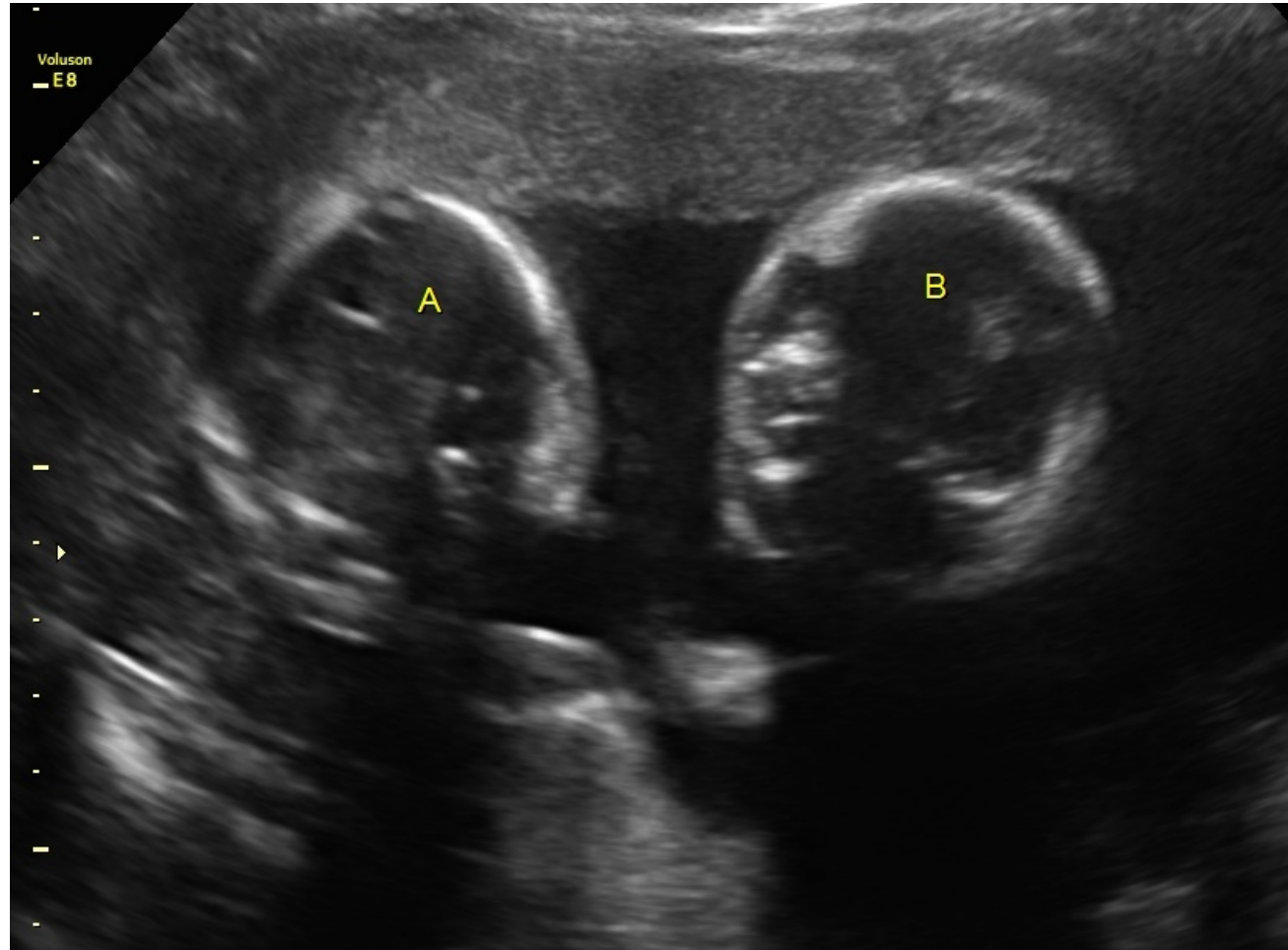
- The learner should be able to understand the risk of preterm birth with this condition in a multifetal pregnancy.
- The learner should be able to discuss the management strategies for this ultrasound finding in a multifetal pregnancy.
- The learner should be able to identify this ultrasound finding on a transvaginal ultrasound.

# Part 1



A 28 year old Caucasian female presented for a consultation visit at 15 weeks of gestation. As a result of assisted reproductive techniques, she was pregnant with diamniotic/dichorionic twins. This was her first pregnancy; however, her husband had fathered a child diagnosed with Allagille Syndrome. Her pregnancy was complicated by a Body Mass Index (BMI) of 40 kg/m<sup>2</sup>, well controlled asthma and polycystic ovarian syndrome. She underwent serial transvaginal cervical length estimations every 2 weeks starting at 16 weeks' gestation. Her cervical length consistently measured between 27 mm and 38 mm. On what would have been her last cervical length exam at 23 weeks 3 days gestation, her cervix measured 25 cm, decreasing to 22 mm with fundal pressure as shown in Image 3 below.

# Image 1 – Twin Gestation



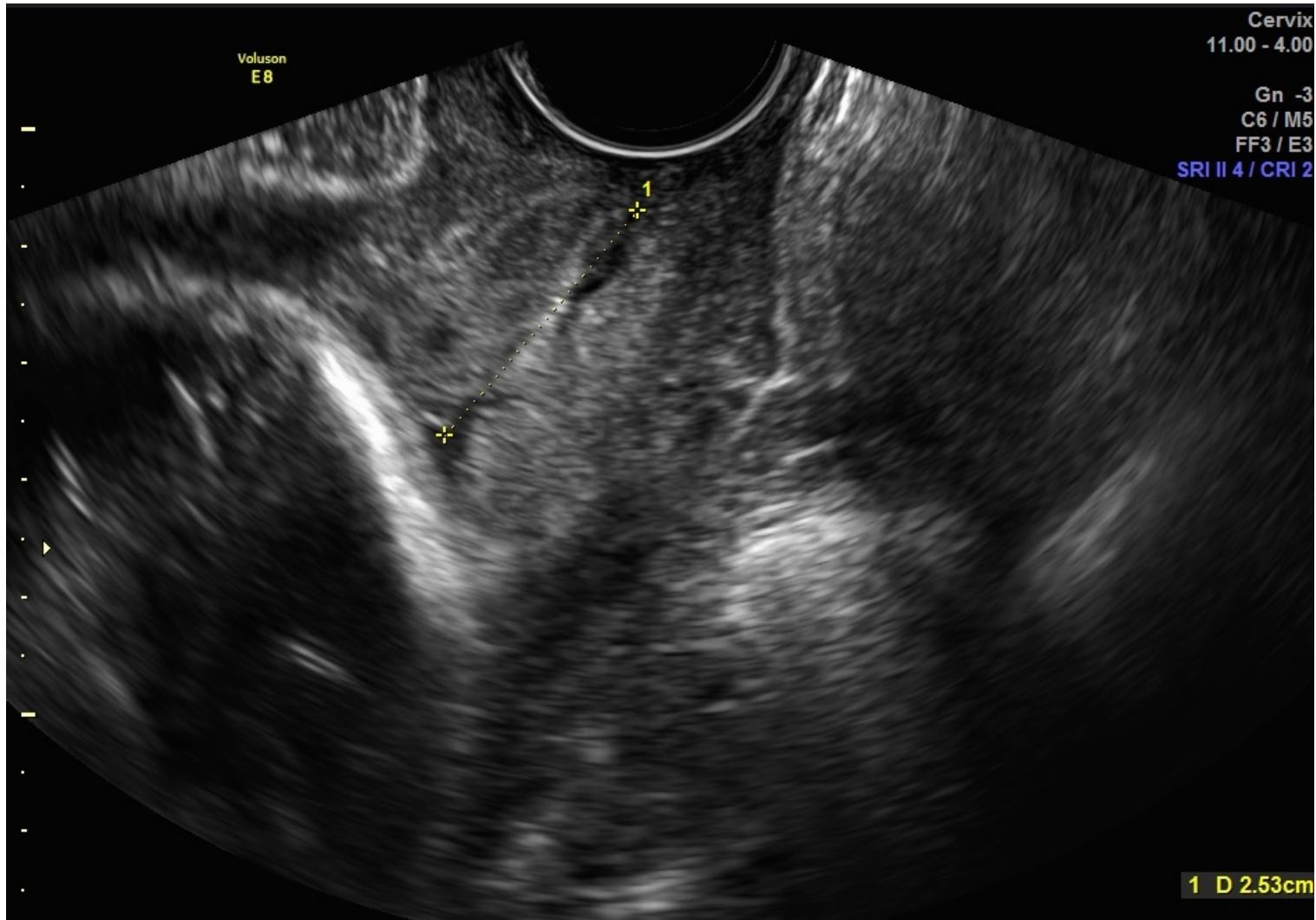
Ultrasound images  
courtesy of:

Crystal Holt-Ayers,  
RDMS

St. Luke's Hospital  
Kansas City, Missouri  
(USA)

[www.mednax.com](http://www.mednax.com)

# Image 2 – Transvaginal Cervical Length.



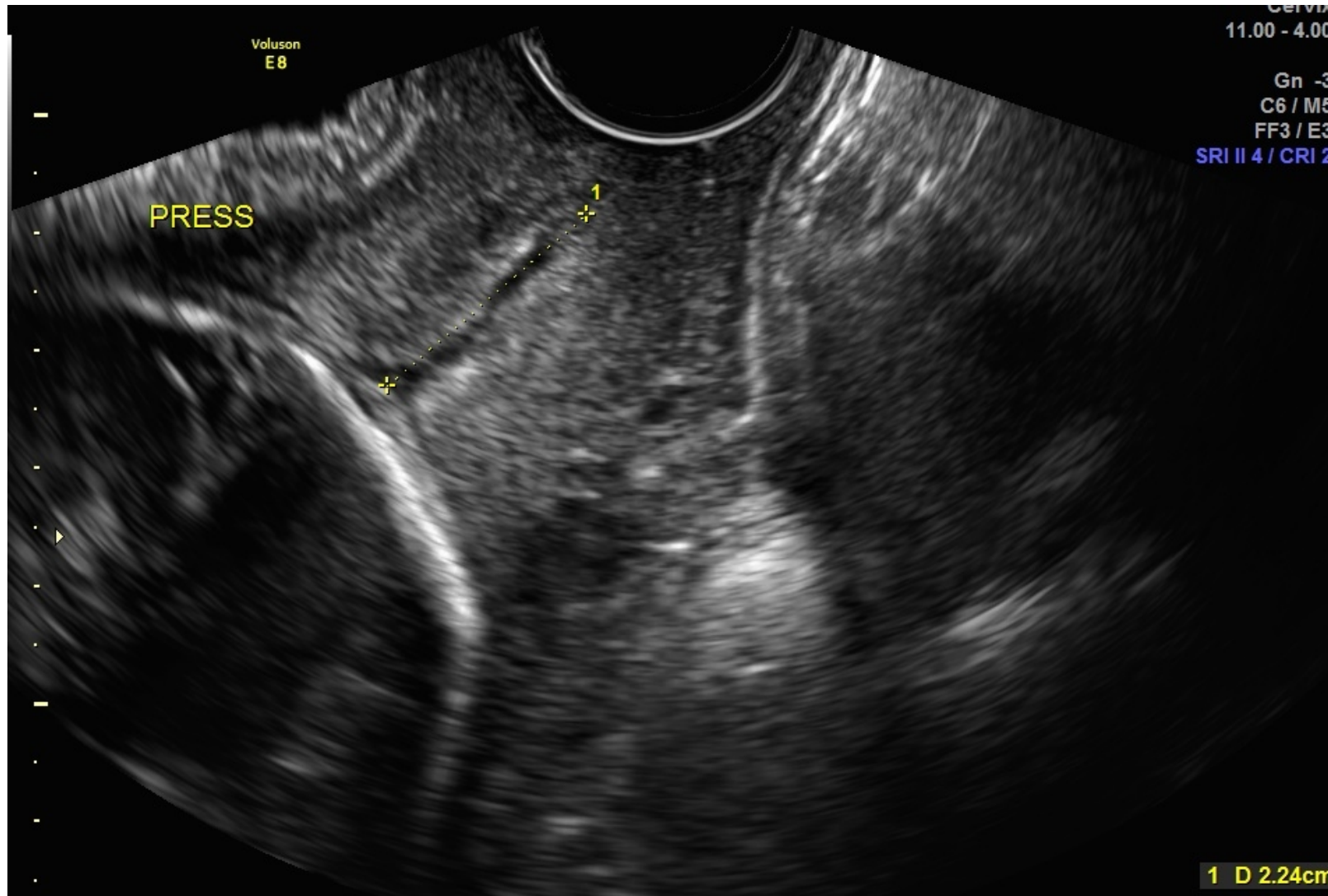
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# Image 3 - Transvaginal Cervical length with fundal pressure



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



1. When faced with this case, consider what your next steps might be. Can you identify the diagnosis?
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 a review of Part II, you will have an opportunity to access a list of references.
1. To earn credit, pass the post-test (70% correct) and complete the evaluation.