Quiz 1

This is a 35-year-old multigravid (G5, P3) with inappropriate obstetrical follow up with first obstetrical visit at 28 weeks of gestation. Cranial sonography was concordant with holoprosencephaly with additional findings of polydactyly, atrioventricular septal defect and aortic stenosis. Cordocentesis was performed.

Quiz 2

A 32-year-old multigravid (G3, P1) with 17 weeks of gestation was referred to hour hospital with suspicious thoracal findings. Triple test findings were normal. A hypoechogenic cyst in the right hemithorax was seen with normal cardiac images. Amniocentesis and cyst aspiration was offered. After successful cyst aspiration and uneventful short time follow up, the cyst repeated in the same location with 21 weeks of gestation. Karyotype was normal. The family was counseled for follow-up. Two weeks later no fetal cardiac activity was detected and pregnancy was terminated.

Quiz 3

This is a 29-year-old woman (G3, P2) with unremarkable familiar and obstetrical history, referred to our hospital for genetic ultrasound at 24 weeks of gestation. Systemic scan was ordinary and 4 chamber view was also normal.

Address for Correspondence / Yazışma Adresi: *Dr. Ali Gedikbaşı, İstanbul Bakırköy Kadın Doğum ve Çocuk Hastalıkları Eğitim ve Araştırma Hastanesi, Bakırköy, İstanbul, Turkey*
Phone: +90 532 213 51 40 e.mail: alged_1971@yahoo.com

Quiz 1 Answer

Karyotype resulted with trisomy 13 and additional 3D images, as seen, showed bilateral anophtalmia and single nostril. Anophtalmia has a birth prevalence with up to 30 per 100.000 population with complex etiology of chromosomal, monogenic and environmental causes identified.

Quiz 1 Answer

Final diagnosis was bronchogenic cyst after autopsy. Foregut cysts represent 11–18% of mediastinal masses in infants and children. Most of these cysts are in the perihilar region. They are lined with ciliated columnar epithelium and cause symptoms of airway obstruction when they are adherent to the wall or impinge on the lumen of the trachea or a major bronchus.

Quiz 3 Answer

Right and left outflow tracts showed no "crossing" and a parallel flow, which is characteristic for transposition of great arteries. It is of eminent importance to show outflow tracts for appropriate cardiac scan.