Should we keep on doing invasive procedures in the group of patients with estimated risk for trisomies 21 and/or 18 between 1/100 y 1/270?

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Objective

To assess the amount of unnecessary invasive procedures performed in singleton pregnancies undergoing screening for aneuploidies with estimated risk between 1/ 100 and 1/ 270.

Methods

In this study we compare the detection rate (DR) of the screening for aneuploidies in those patients with risk between 1/100 and 1/270 for trisomy 21 and 18 and in other group those with risk above 1/100. Those risk were estimated by the test including fetal NT at 11+0 to 13+6 weeks' gestation and serum free β-hCG and PAPP-A at 8+0 to 13+6 weeks from singleton pregnancies undergoing screening for aneuploidies at Infanta Cristina Hospital during Enero-December 2013. We selected all the patients (n: 63) with estimated risk above 1/270 and obtained two groups: 25 patients with estimated risk for trisomies 21 and/or T18 > 1/100: 8 cases of trisomy are detected and 38 pacientes with estimated risk for trisomies 21 and/or 18 between 1/100 y 1/270: 1 case of aneuploidy (trisomy 21) is detected.

Results

Therefore, the DR of this tecnique in the group of patients with estimated risk between 1/100- 1/270 remains 2. 6% while in the other group (estimated risk >1/100) the DR goes up to 32%.

Conclusion

Should we keep on doing invasive procedures in the group of patients with estimated risk for trisomies 21 and/or 18 between 1/100 y 1/270?. No longer.