

# THE AGA KHAN HOSPITAL FOR WOMEN & CHILDREN KHARADAR RADIOLOGY DEPARTMENT

## "CHANGING TRENDS IN ANTENATAL & POST NATAL CRANIAL SONDERAPHY IN FETUS & PAEDIATRIC NEUROLOGY"

#### **OBJECTIVE:**

Cranial Sonography can cause changing trends in fetus & Pediatrics Neurology by early detection of Brain anomalies.

#### INTRODUCTION & LITERATURE REVIEWS

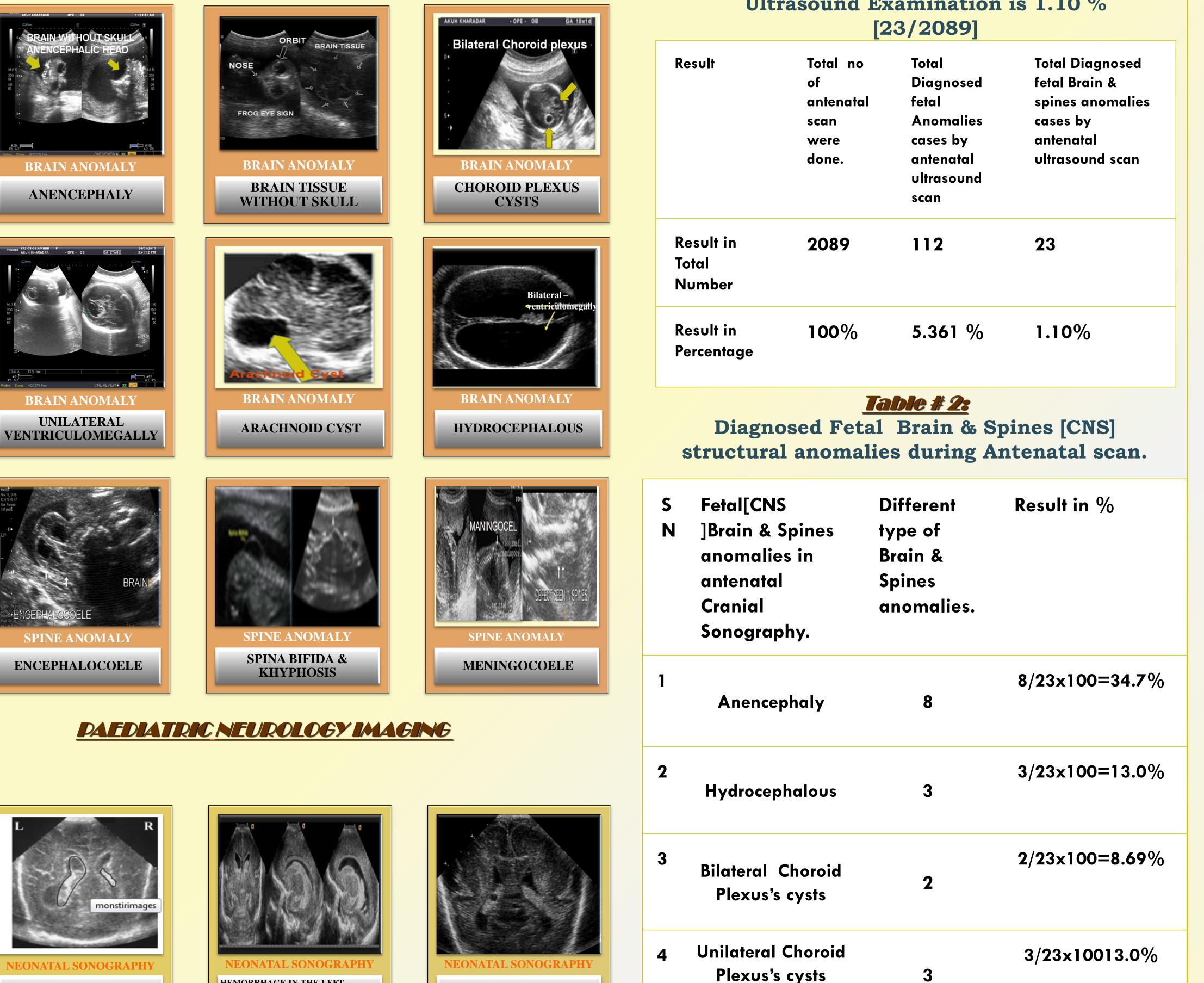
Congenital malformations affect approximately 2-3% of all live births every year[1], Central nervous system anomalies are the second most frequent serious congenital anomaly, after congenital heart disease, up to 75 % of fetal deaths and 40% of deaths in infancy are due to Central nervous system malformation (Barkovich, 2005). Furthermore, one third of all Congenital malformations identified in the perinatal period arise from the Central nervous system anomalies, Which evident at birth, but some Central nervous system malformation may not be immediately obvious. The neonates with dysmorphic feature or abnormal neurological behaviour may suggest Central nervous system malformation. Central nervous system anomalies, whether they are isolated (single)or part of syndromes, are a common cause of medical intervention, long-term illness, and death. The neonatologist or perinatologist often is the first person to identify necessary evaluations and management and to explain the cause of the anomalies and the prognosis for the child to the parents.[2] Central Nervous System Anomalies are a heterogeneous disease for which genetic, infectious, teratogenic and neoplastic causes have been implicated (Bendon, 1987; Barkovich et al, 2005). Brain development begins shortly after conception and continues throughout the growth of a fetus & continuously till second decade of life . A complex genetic program coordinates the formation, growth, and migration of billions of neurons, or nerve cells, and their development into discrete, interacting brain regions. [3,4,5,6,7].

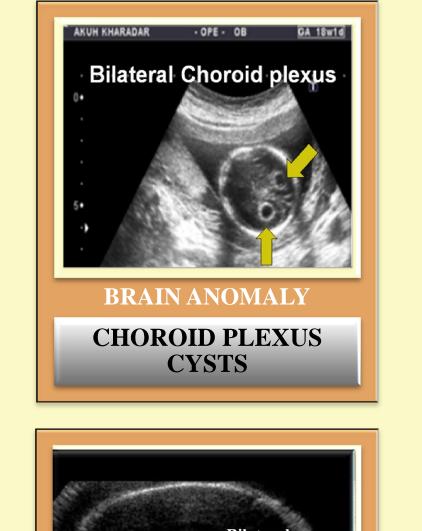
#### **METHODOLOGY:**

Retrospective analytic study was conducted during 1st July 2012 to 30<sup>th</sup> June, 2014 at AKHWCK AND Data was collected from Patient record Register [PRR], Radiology Information System[RIS] & Medical Record Files[MR]

#### SONOGRAPHY CRITERIA:

#### ANTENATL CRANIAL ULTRASOUND IMAGING :





CHOROID PLEXUS CYST

And a

#### **Table #1:**

The Ratio of Diagnosed BRAIN [CNS & spinal ]Anomalies in fetuses by Antenatal **Ultrasound Examination is 1.10 %** 

Result	Total no of antenatal scan were done.	Total Diagnosed fetal Anomalies cases by antenatal ultrasound scan	Total Diagnosed fetal Brain & spines anomalies cases by antenatal ultrasound scan
Result in Total Number	2089	112	23
Result in	100%	5.361 %	1.10%

3

The appearance of the brain and spine changes throughout gestation. Neuroscan at b/w 11 to 13 weeks for Nuchal Translucency & detail Central Nervous System Anomalies are diagnosed at B/W 20-22 weeks .In late gestation, visualization of the intracranial structures is frequently hampered by the ossification of the calvarium.

### **RESULT:**

Two thousand & eighty nine {2089} [100%] Patients have examined during two years. One hundred & twelve {112}[112/2089x100=5.361%] cases of fetal anomalies were observed, in which brain anomalies were only Twenty Three {23} i.e 1.10% [23/2089x100=1.10% or 23/112x100=20.53] in this Study.

Fetuses have different kind of brain anomalies [which were diagnosed by Antenatal Cranial Sonography fetuses diagnosed different kind of brain anomalies/antenatal Fetal anomalies [Antenatal Cranial Sonography][,includes Eight cases of Anencephalic-Head, Three cases of Hydrocephalous, two cases of bilateral-choroid-plexus-cysts, Three cases of unilateral-choroid-plexus-cysts, Three cases of lateralventriculo-megally, Two cases of Occipital-encephalo-coele, one case of Meningo-coele & one case of Spinabifida.

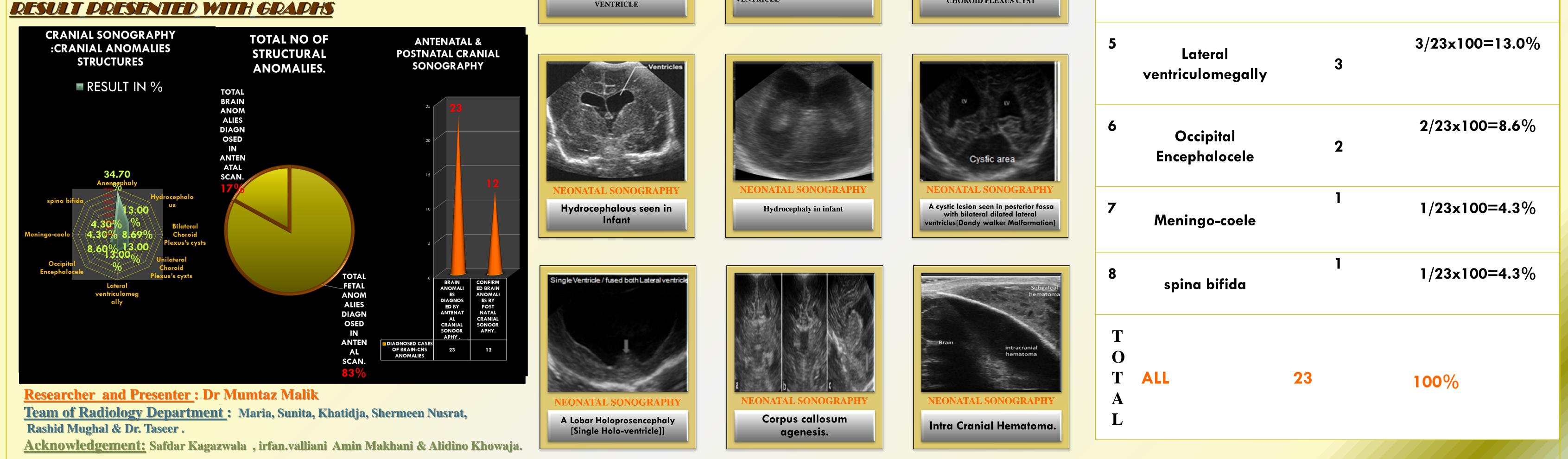
Only twelve [neonatal Cranial Scan] Post-natal Cranial Sonography were done for confirmation of antenatal scan finding, while other fetuses of Congenital Brain anomalies were terminated the Pregnancy [Termination of pregnancy], Few were refused for Post-natal Cranial Sonography & Many Congenital Brain anomalies fetuses were referred to Secondary Care Hospital for Management.

#### **KEY WORDS:**

Patient record Register: PRR, Radiology Information System: RIS & Medical Record Files :MR, Congenital Malformations[CM], Central Nervous System Anomalies(CNS-A), Nuchal Translucency :NT & Central nervous system malformation(CNSM.)

#### **REFERENCES:**

1:(Whiteman et al, 1994; Atlas et al, 1985). 2: Ultrasound Diagnosis of Congenital Brain Anomalies Brankica Vasiljevic1, Miroslava Gojnic1 and Svjetlana Maglajnlic-Djukic2 1Institute of Gynecology and Obstetrics - Clinical Centre of Serbia, 2University Children's Hospital, Belgrade, Serbia]. 3:Moore, Keith L., et al. Before We Are Born: Essentials of Embryology and Birth Defects. Kent, UK: Elsevier— Health Sciences Division, 2002. 4:"Congenital Birth Defects." Dr. Joseph F. Smith Medical Library. Available online at http://www.chclibrary.org/micromed/00043570.html (accessed December 8, 2004). 5:"Congenital Birth Defects." Principal Health News. Available online at ttp://www.principalhealthnews.com/topic/topic100586649 (accessed December 8, 2004). Richard Robinson Deborah L. Nurmi, MS 6: Johnson SP, Sebire NJ, Snijders RJ, Tunkel S, Nicolaides KH. Ultrasound screening for anencephaly at 10–14 weeks of gestation. Ultrasound Obstet Gynecol 1997; 9: 14–16.



**HEMORRHAGE IN THE LEFT** 

VENTRICLE

**HEMORRHAGE IN THE LEFT**