Ultrasound diagnosis of fetal cholelithiasis: do we really have to worry?

Kesrouani A* - Nasr B~ - Nassif N *

* Ob-Gyn Department, St Joseph University, Beirut, Lebanon; ~ Fetal Care Clinic, Beirut, Lebanon

Prenatal diagnosis of fetal cholelithiasis was first reported by Beretsky and Lankin in 1983. The prevalence of fetal gallstones is unknown, and very few cases have been described in the literature.

We report our experience with two cases in which prenatal gallstones were identified sonographically.

Case 1
A 26-year-old patient G2P1A0 with prior cesarean with a personal history of aortic valvular disease treated in infancy had an uneventful follow-up for this second pregnancy. She is reported to have prior immunity for rubella and toxoplasma. First trimester ultrasound showed NT=1.60 mm, and a normal morphology and biometry. Second trimester biochemical screening was proposed to the patient, but she refused doing it. Second trimester ultrasound showed normal biometry, no morphological abnormalities and except an area of hyperechogenicity in the abdomen measuring 11.8 * 4.6mm. This image is somewhat irregular and is located to the right of the umbilical vein, where the gallbladder is usually seen. No image of fluid-filled gallbladder is seen. This image is highly suggestive of cholelithiasis. No dilation of hepatic ducts or intrahepatic calcifications were noted. Follow-up is reassuring with a normal growth and no change in the images seen. She had a 3200g baby by cesarean section at 39 weeks without any immediate abnormal postnatal complications.

Case 2
A 34-year-old patient with an IVF for primary infertility, had a normal first trimester scan and a normal pregnancy follow-up. No particular personal or family history is to be reported. Second trimester ultrasound showed normal biometry and morphology. A longitudinal area of hyperechogenicity is seen at the area of the gallbladder, without any other suspicious image in the liver or the biliary ducts. Echogenecity had a more regular appearance than case 1. A 2900g baby was born by vaginal delivery at 38 weeks. Postnatal evolution was uneventful.

Fetal cholelithiasis is a self-limited disease without complications and does not require any form of therapy. Complete spontaneous resolution occurs in utero or soon after birth, between 1 and 12 months. Although fetal gallstones are most likely to be benign, postnatal follow-up until resolution is recommended.

Sheiner et al. Int J Gynecol Obstet. 2006
Agnifili et al. Radiol Med 1997