Prenatal diagnosis of foetal hepatic vascular anomalies: Case reports and review of the literature
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Introduction
Congenital hepatic vascular anomalies may pose diagnostic difficulties by antenatal ultrasound. Reports in the literature have noted that majority of these anomalies were demonstrated in the late second and third trimesters. There are other factors which can improve diagnostic accuracy.

Case reports
(i) A 30 yr old Malay, G1 P0. Screening scan at 20 weeks was normal. Growth scan at 34 weeks showed a 2.5 cm multiseptated cyst in left upper abdomen, superior to stomach. With vascularity at its periphery. The cyst measured 2.9 cm at subsequent scans. Doppler studies were normal. Postnatally, the septated cyst was confirmed to be a porto systemic shunt anomaly.

(ii) A 38 yr old Chinese, G3 P1. Screening scan at 21 weeks was normal. The patient defaulted in the third trimester and subsequently had an uneventful delivery. The baby was discharged well on D2 of life. Follow-up at 6 weeks noted hepatomegaly. MRI demonstrated a 4.3 cm heterogeneous lobulated mass in segment V of the liver, with areas of hemorrhage. Impression was an infantile hepatic hemangioendothelioma. It is likely PRETEXT stage 1 with minimal ascites. Ultrasound monitoring show the mass to be stable in size at 3.8cm, at 2 months of life.

Discussion and Conclusion
Diagnostic workup of foetal hepatic vascular anomalies is challenging. The application of Doppler will enable the demonstration of vascular connections and nature of flow. The settings would have to be optimal for demonstration of the character of the mass. In Case 1, the mass was only seen antenatally as a septated cyst. Postnatally, it was shown that there is low velocity venous flow in the cyst. The settings antenatally were meant to demonstrate large vessels, e.g., umbilical artery and PRF was high. Hence, vascularity was not seen within the cyst.

In Case 2, a third trimester growth scan would have demonstrated the mass which is developmental. Similarly, the settings would have to be adjusted to observe vessels with lower flow. Reports involving the use of 3D and Doppler studies have improved diagnostic efficacy, these observations may also be found in neoplasms, vascular malformations, as well as infradiaphragmatic total anomalous pulmonary venous return (TAPVR), a condition associated with high mortality rate.