Role of 3D imaging in the prediction of prognosis for mega-urethra
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Objective
We present a rare case of mega-urethra associated with enterolithiasis demonstrating the role of 3D acquisition and render study in the diagnosis and prediction of prognosis.

Methods
This is a case report.

Results
A 19 years old primigravida was referred to our unit at 21 weeks’ gestation for oligohydramnios and no history of ruptured membranes. A detailed ultrasound (US) scan revealed severe oligohydramnios, dilated rectum with extensive intraluminal calcification, elongation and cystic dilatation of penile urethra covered by thin layer of skin and most likely, fusiform type mega-urethra. Follow up at 26 weeks by US examination revealed severe oligohydramnios, massive isolated abdominal ascites with no evidence of hydrops. 3D acquisition and render imaging demonstrated massive dilatation of intestinal loops with calcified contents, adhesion between rectum and urinary bladder, out pouching from bladder wall, collapsed diverticulum, defect in bladder wall, dilated prostatic urethra. The delivery was at 27 weeks due to premature labour by C-section. A male fetus with a weight of 1500 grams was born with apparent anal atresia and enlarged penis. The neonate died immediately after birth and unfortunately the parents refused post-mortem study.

Conclusion
Mega-urethra carries poor prognosis when obstructed. It results in oligohydramnios and pulmonary hypoplasia. A detailed scan should be performed in the fusiform type as it is associated with congenital anomalies, particularly in the intestinal and genitourinary tracts. Enterolithiasis is a warning sign of large bowel obstruction. In cases of oligohydramnios, external genitalia should be examined carefully and in the case of mega-urethra, intestine should be also scanned.