

had evidence of tricuspid regurgitation resulting in right atrial dilation and increased cardiothoracic ratio. An associated abnormality of the pulmonary valve occurred in 16 fetuses. The remaining 16 fetuses had Ebstein's malformation, 14 with evidence of tricuspid incompetence at presentation and 10 with an associated abnormality of the pulmonary valve. Of the 38 cases, the pregnancy was interrupted in 17, spontaneous intrauterine fetal death occurred in 8, 11 infants died postnatally and 2 infants are still alive; additional abnormalities were found in 8 cases (chromosomal anomalies in 2, ventricular septal defects in 2, corrected transposition in 2, the Chiari malformation in 2, supraventricular tachycardia in 1 case and coarctation of the aorta in 1). Fetuses with severe abnormalities are selected for fetal echocardiography by the four chamber screening program and a high rate of natural

loss both in intrauterine life and immediately after birth was observed in the 21 cases in which pregnancy was continued. This would explain the higher incidence of tricuspid valve disease in our prenatal compared with postnatal series. Although increased cardiothoracic ratio and associated lesions of the right ventricular outflow tract contribute to the poor outcome in the cases detected prenatally, the absence of these features does not always indicate a good prognosis because progression of disease can occur with advancing gestational age. No absolute measurement or single echocardiographic feature emerged as a consistent predictive factor of prognosis.

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**Authors' abstract**

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## Obstetrics/Gynecology

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### **Epithelial Tumors of the Ovary: CT Findings and Correlation with US**

**J-N Buy, M. Ghossain, C. Sciote, M. Bazot, C. Guinet, S. Prevot, D. Hugol, M. Laromiguiere, J. Truc, P. Poitout, D. Vadrot, J. Ecoiffier**

**Radiology 1991;178:811-818**

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One hundred thirty patients with 170 epithelial ovarian tumors were prospectively studied with computed tomography (CT) before surgery. Ultrasound (US) was performed in 108 patients with 138 tumors. At pathologic examination, 78 tumors (46%) were benign, 14 (8%) borderline, and 78 (46%) malignant. CT results were compared with surgical and pathologic findings in all patients. CT enabled detection of 148 of 170 tumors (87%), and US enabled detection of 118 of 138 tumors (86%). Benign serous cystadenomas ( $n = 42$ ) were correctly characterized with a sensitivity of 69% at CT and 70% at US. Benign mucinous cystadenomas ( $n = 21$ ) were correctly characterized with a sensitivity of 62% at CT and 50% at US. Malignancy was suggested in nine of 14 patients (64%) with borderline tumors at CT and in five of 14 (36%) at US. The overall accuracy of characterization of benign versus malignant tumors (including borderline tumors) was 94% with CT and 80% with US. In the 108 patients studied with both CT and US, the sensitivity of CT was significantly superior to that of US ( $P < .03$ ), whereas there was no significant difference in specificity ( $P < .125$ ).

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**Authors' abstract**

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### **Chorionic Villus Sampling for Fetal Karyotyping in Missed Abortions**

**Z. Appleman, J. Rosensaft, U. Elchalal, B. Caspi, J. Chemke**

**Prenatal Diagnosis 1991;11:55-57**

### **(Juan Chemke, MD, Clinical Genetics Unit, Kaplan Hospital, 76100 Rehovot, Israel)**

Chorionic villus sampling (CVS) was performed in 12 pregnant women (9-25 gestational weeks) with ultrasonographic evidence of missed abortion. An ultrasonographically guided transabdominal (eight cases) or transcervical (four cases) approach was used. Fetal karyotyping was successful in all cases; in five, chromosomal aberrations were found and in seven, chromosome analyses revealed normal karyotypes. Tissue culture for fetal karyotyping was successful in only 72.5% of 40 live pregnancies which were electively interrupted because of abnormal ultrasonographic findings or an abnormal fetal karyotype, and in 57% of seven missed abortions. CVS is suggested as a feasible and effective method for fetal karyotyping in missed abortions and it seems to be superior to post-abortion tissue culture.

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**Authors' abstract**

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### **Transvaginal Color Doppler Assessment of the Uteroplacental Circulation in Early Pregnancy**

**D. Jurkovic, E. Jauniaux, A. Kurjak, J. Hustin, S. Campbell, K. Nicolaides**

**Obstet Gynecol 1991;77:365**

**(D. Jurkovic, Ultrasonic Institute Medical Faculty, University of Zagreb, Yugoslavia)**

Transvaginal color Doppler was used to investigate the uteroplacental circulation of 45 patients with normal intrauterine pregnancies at 4-18 weeks' gestation. The main uterine artery and the radial and spiral arteries were demonstrated, and characteristic flow velocity waveforms were obtained in more than 90% of cases. The indices of impedance to flow decreased with gestation and there was a progressive fall in these indices from the uterine artery, through the radial, to the spiral artery. Blood velocity in the uterine artery increased exponentially with gestation.

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**Authors' abstract**

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