

EP05.26. Impact of early fetal full anatomic ultrasound scan (12–13 Weeks) in fetuses with increased Nuchal Translucency on pregnancy management and parental decisions

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Objectives

To evaluate the impact of early full fetal anatomic ultrasound at 12–13 weeks in fetuses with increased nuchal translucency (NT>3 mm) on pregnancy management and parental decision-making.

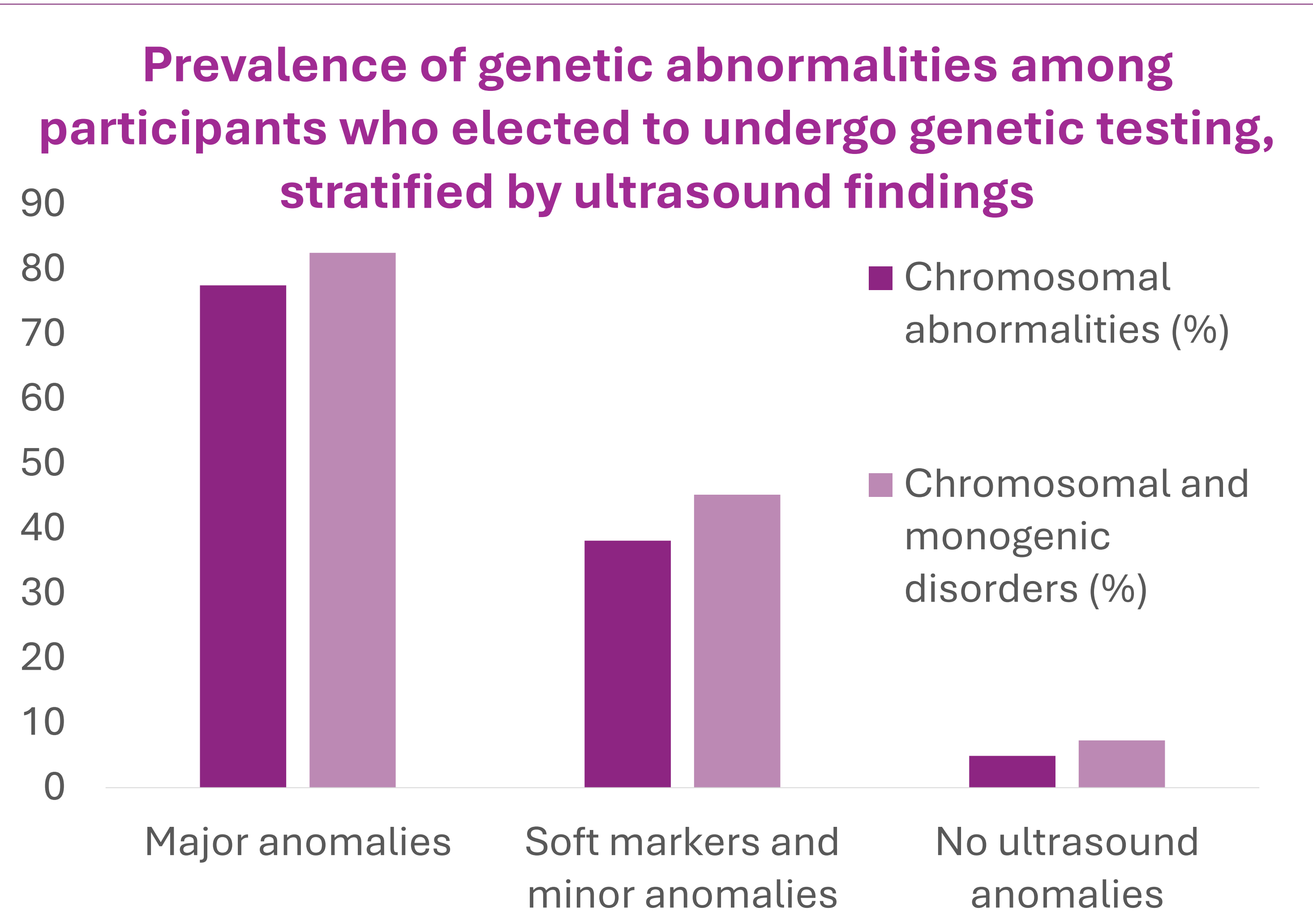
Methods

168 patients with increased NT or cystic hygroma were referred to a vaginal and abdominal anatomy scan followed by invasive testing or pregnancy termination. Chromosomal analysis was universal in all cases consenting for genetic evaluation, including products of conception, while monogenic testing was selective per patient preference.

Results

Major malformations were observed in 39.9% of cases, soft markers/minor anomalies in 30.3%, and no malformations in 29.8%. Parental decision-making following ultrasound findings and pregnancy outcomes are summarized in the table. The prevalence of genetic abnormalities in each group is depicted in the figure.

	Major anomalies	soft markers/minor abnormalities	No associated malformations
Termination based on US alone	50/67 (75%)	14/51 (27%)	1/50 (2%)
Patients opting CVS	12/67 (18%)	25/51 (49%)	25/50 (50%)
Patients opting AC	1/67 (1.5%)	8/51 (16%)	16/50 (32%)
NIPT	1	1	-
Total terminations of pregnancies	59	26	1
Live births at last follow up	none	14	25



Conclusions:

Early fetal anatomic ultrasound in increased NT cases allows good risk stratification earlier than invasive genetic testing. This approach improves counseling, facilitates earlier decision-making, reduces unnecessary interventions, and optimizes prenatal care.