

EP05.08 A rare sonographic picture of the fetal liver with an unexpected outcome

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Case description

A 28 year old pregnant woman was referred to our department of obstetrics and prenatal diagnostics. It was her third pregnancy and she was in the 27+3 week of gestation (WG). The fetus presented with a **massively calcified and enlarged liver**, a mild myocardial hypertrophy and a **severe fetal growth restriction** below the 1st percentile. Doppler parameters were normal. After detailed consultation we performed an amniocentesis, infection serology and MRI. Chromosomal analysis and exome sequencing were negative as well as serology for toxoplasmosis and CMV. The fetal MRI did not show signs of a gestational alloimmune liver disease (GALD). Apart from calcifications the liver appeared normal. There were few dilated bowel loops, everything else was normal. The sonographic controls during the next weeks showed no change in findings.

In WG 32 the pregnant women developed contractions and gave birth to a girl. She was clinically stable and liver enzymes and coagulation parameters were normal. On the 4th day of life she showed symptoms of bowel atresia, so a laparotomy was performed: there was an atresia of the jejunum and a second atresia due to an intrauterine perforation. A liver biopsy was taken which confirmed that there were calcifications, no GALD or other liver disease. The further course was favourable, but 4 weeks later she needed a second laparotomy because of a new stenosis of the jejunum. 2 weeks later she was discharged from hospital.



Figure 1. Fetal liver at WG 28



Figure 2. Only few dilates bowel loops were seen at WG 29