

EP05.24 Detection accuracy and prognosis of fetal abdominal anomalies suspected on first trimester anomaly scan compared with dating scans

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Objective

To evaluate the detection accuracy and prognosis of fetal abdominal anomalies suspected on first trimester anomaly scan (FTAS) and to compare them to anomalies suspected during dating scans.

Methods

This retrospective cohort study included pregnant women referred for advanced fetal scan to a single tertiary centre in the Netherlands between 2021–2024 after suspected fetal abdominal anomaly on FTAS (between 12+3 and 14+3 weeks) or on dating scan (between 10–13 weeks of gestation). The study assessed the accuracy of the initial scan in relation to final pregnancy outcomes and prognosis (miscarriage, fetal death, termination of pregnancy, and live birth with or without anomaly).

Results

From an initial 98 referred cases, 22 were excluded due to incomplete data. The remaining 76 women had a mean age of 30 years, 37% were primigravid and 67% underwent NIPT. After advanced fetal scanning in the first trimester, the diagnosis was confirmed in 41% of cases, with omphalocele and megacystis being most frequently correctly diagnosed. Six percent of suspected anomalies were false positives and 45% resolved spontaneously on follow-up scans. After confirmation of the anomaly, 26% of women opted for termination of pregnancy, of which 70% occurred before 18 weeks of gestation. Fetal abdominal anomalies suspected during the dating scan were confirmed more often than those suspected during FTAS, both on advanced scan (84% vs 55%) and after birth (57% vs 38%). In addition, the proportion of pregnancies terminated after confirmation of the anomaly was higher following detection on dating scan than FTAS (48% vs 26%).

Conclusion

These results suggest that serious fetal abdominal anomalies can be detected early in the first trimester with good accuracy, while highlighting that some abnormalities resolve spontaneously during pregnancy. These findings may help improve counselling and management of suspected abdominal anomalies detected during early pregnancy screening.

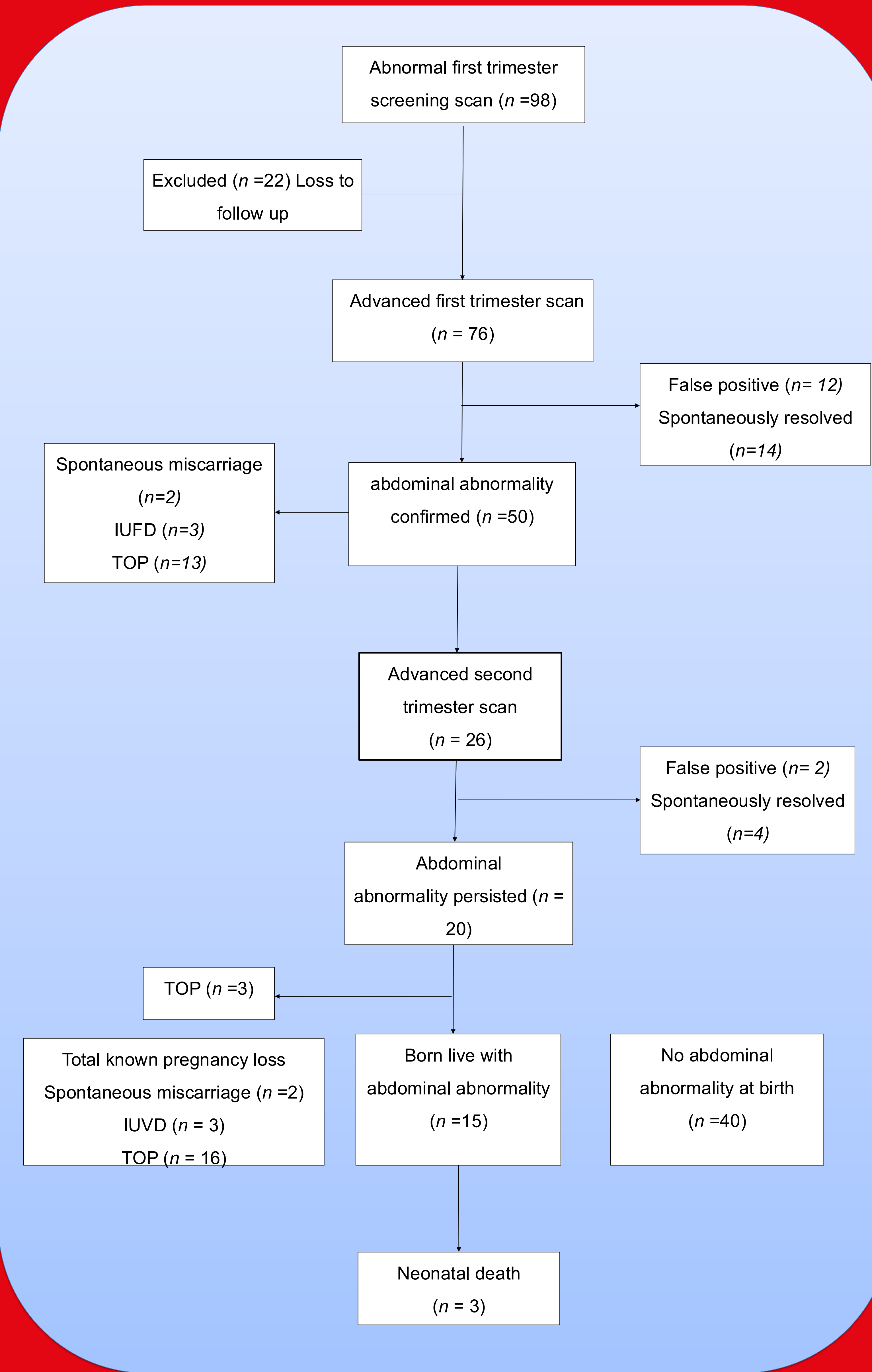


Fig.1 Study flowchart