

Misleading prenatal findings of hyperechoic amniotic fluid and fetal bowel abnormalities in a twin pregnancy with normal neonatal outcomes

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Objective :

To report a twin pregnancy with persistent hyperechoic amniotic fluid and sonographic features suggestive of fetal bowel obstruction, resulting in normal neonatal outcomes, and to highlight the limitations of prenatal ultrasound interpretation.

Methods:

A 38-year-old gravida 2, para 1 woman with an IVF-conceived dichorionic diamniotic twin pregnancy was referred at 27+2 weeks. Previous screening, including NIPT and detailed anomaly scan, was unremarkable except for suspected fetal gallbladder sludge. Serial ultrasound examinations were performed.

Given persistent abnormal findings and diagnostic uncertainty, a multidisciplinary team discussion at 34 weeks recommended early delivery due to the risk of intrauterine compromise. Emergency Caesarean section was performed at 35+1 weeks following preterm premature rupture of membranes. The first neonate had meconium-stained amniotic fluid and required respiratory support with suspected meconium aspiration.

Results:

Ultrasound demonstrated persistently hyperechoic amniotic fluid in both sacs (Fig 1) and hyperechoic bowel in both fetuses. At 32+2 weeks, the first fetus showed progressive bowel dilatation (3.2 × 3.4 cm) (Fig 2), gallbladder sludge, and rectal dilatation up to 1.6 cm (Fig 3), raising concern for bowel obstruction or meconium peritonitis. The second fetus showed milder findings with slightly hyperechoic amniotic fluid.

However, postnatal imaging revealed no structural gastrointestinal abnormality. The second neonate also had no gastrointestinal abnormalities. Both neonates were managed conservatively in the NICU and discharged without surgical intervention.

Conclusion

Hyperechoic amniotic fluid with abnormal fetal bowel findings may suggest gastrointestinal abnormalities but can result in normal neonatal outcomes. Careful interpretation and multidisciplinary assessment are essential to avoid unnecessary intervention.

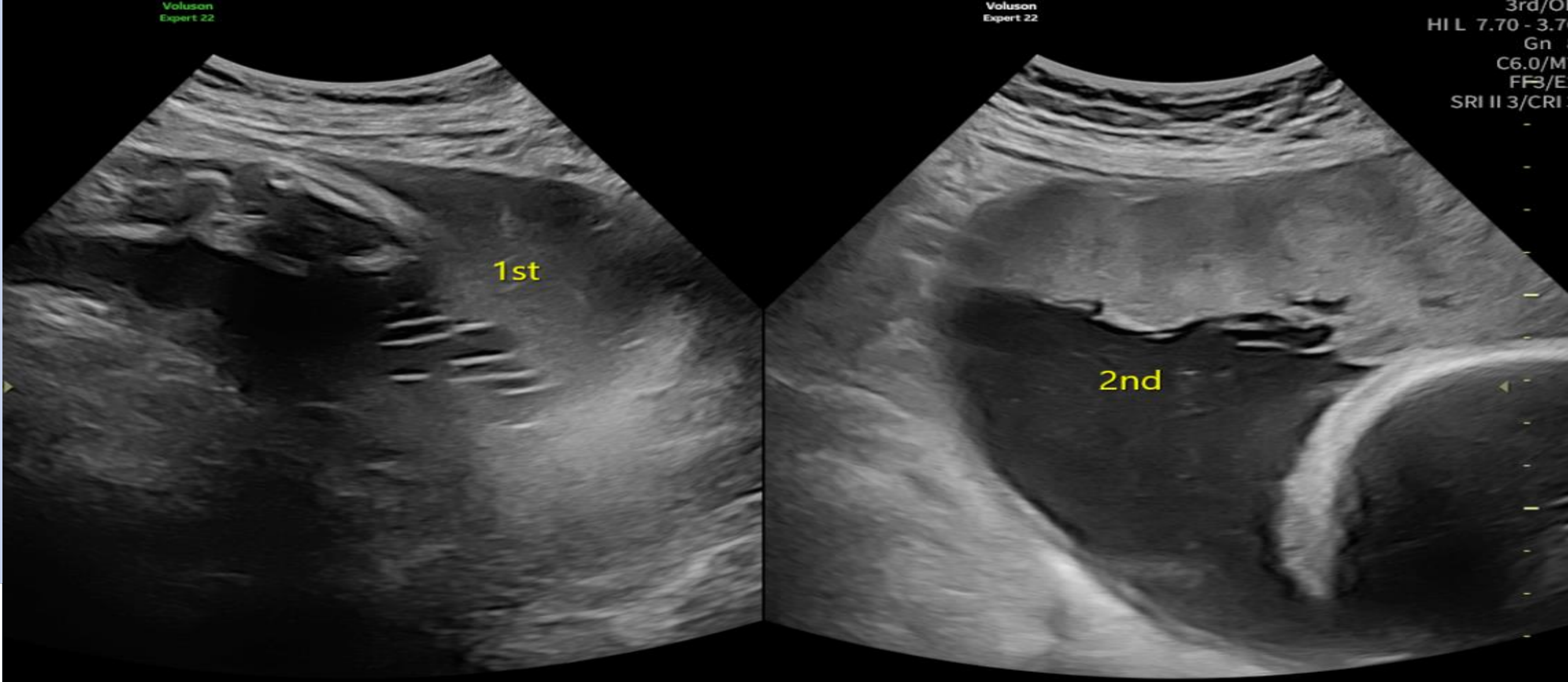


Fig. 1.

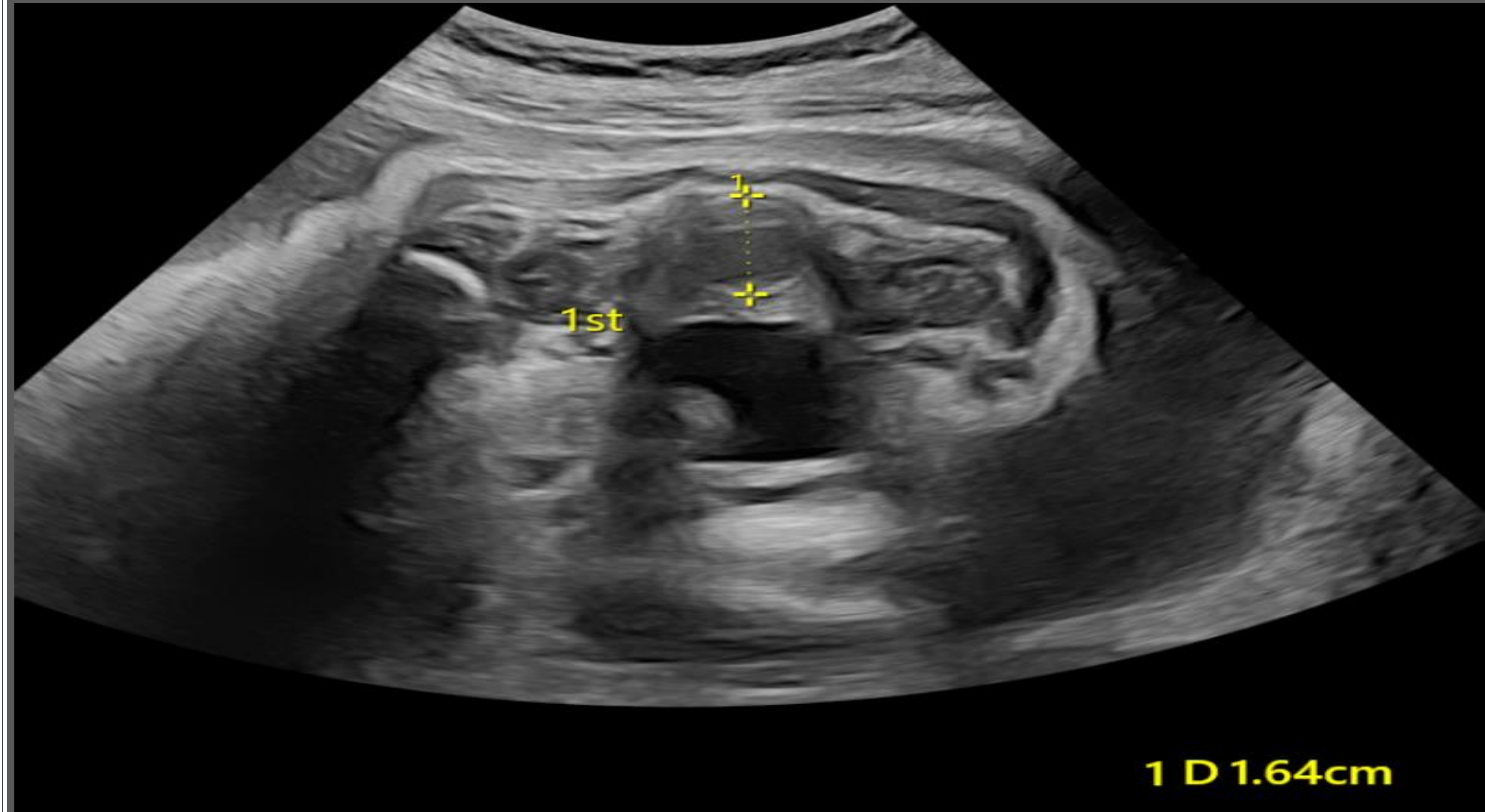


Fig. 2.

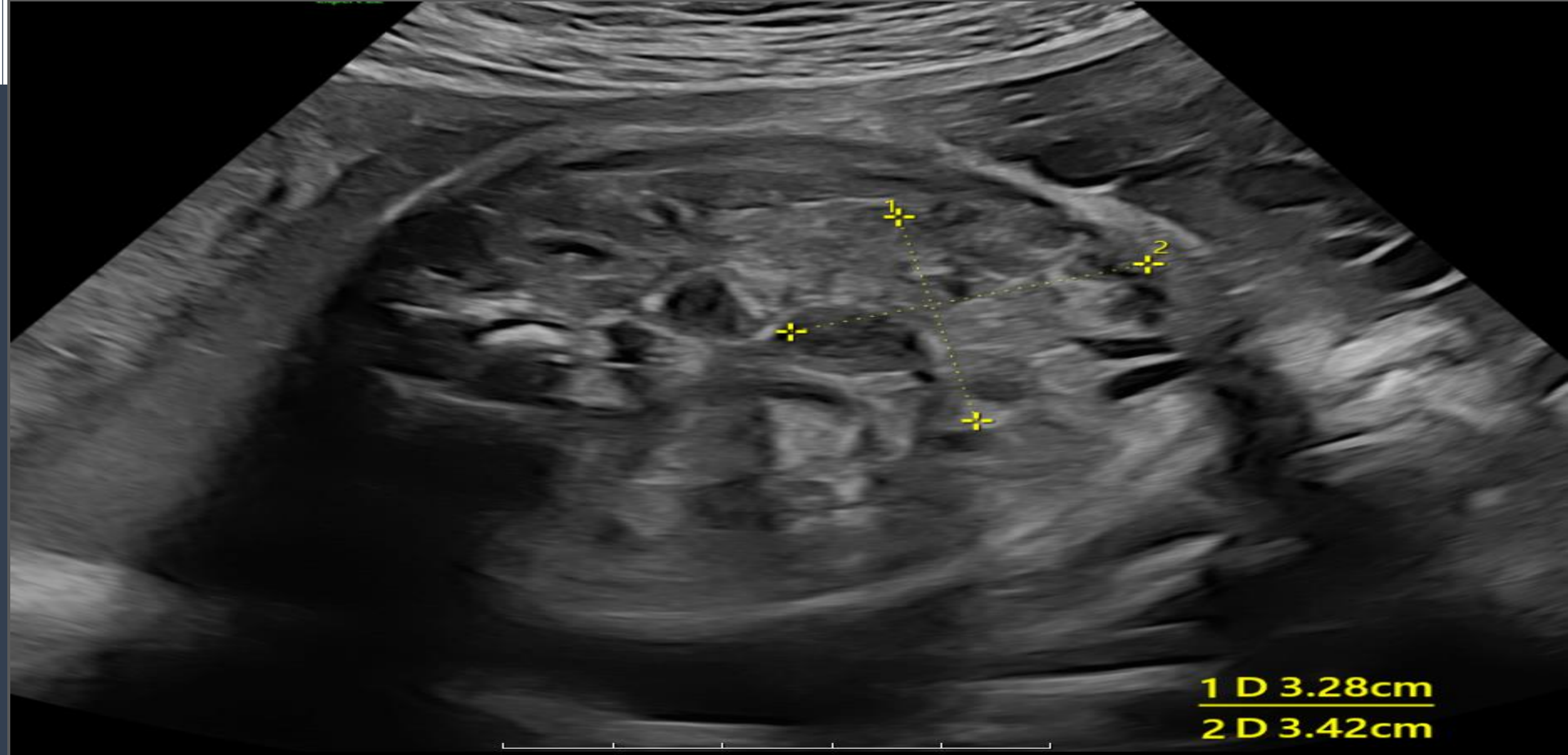


Fig. 3.