

Prenatal MCDK with SUA and postnatal polydactyly: diagnostic limitations and favourable outcomes

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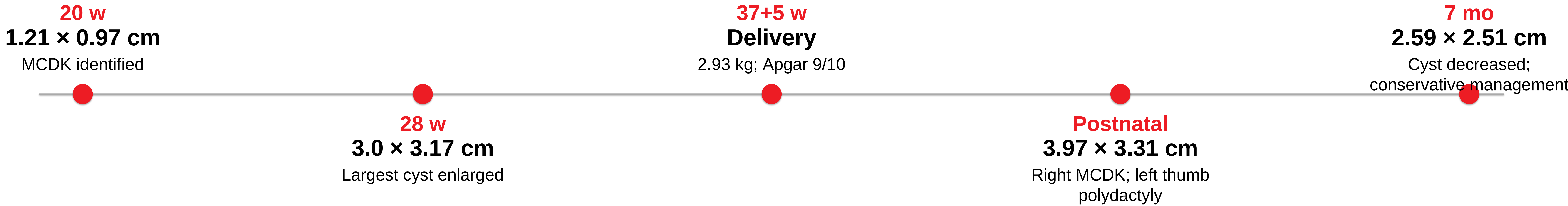
CASE OVERVIEW

- 34-year-old nulliparous woman referred for suspected right renal agenesis and single umbilical artery (SUA).
- Initial imaging raised suspicion of right renal agenesis with SUA; subsequent targeted imaging at 20 weeks demonstrated a right-sided multicystic lesion consistent with MCDK.
- Serial ultrasound showed progressive enlargement of the largest cyst.

ASSESSMENT & OUTCOME

- Amniocentesis: normal.
- Fetal echocardiography: unremarkable.
- Multidisciplinary counselling was provided.
- 37+5 weeks: Caesarean delivery of a male infant, 2.93 kg; Apgar score 9/10.
- Postnatal examination revealed left preaxial thumb polydactyly, not detected prenatally.
- Postnatal renal ultrasound confirmed right MCDK with a normal contralateral kidney; brain ultrasound and echocardiography showed no significant abnormalities.

PRENATAL–POSTNATAL EVOLUTION



DISCUSSION

- This case demonstrates the prenatal evolution of MCDK from an initially ambiguous right renal fossa finding.
- Minor associated anomalies such as polydactyly may be missed despite detailed prenatal ultrasound.
- The coexistence of SUA and a renal anomaly should prompt careful assessment and counselling regarding additional anomalies.

CONCLUSION

Prenatal ultrasound may not fully capture the spectrum of fetal anomalies.

Postnatal evaluation remains essential, while a normal contralateral kidney supports a favourable renal prognosis.

Counselling should balance vigilance with reassurance.

REPRESENTATIVE ULTRASOUND

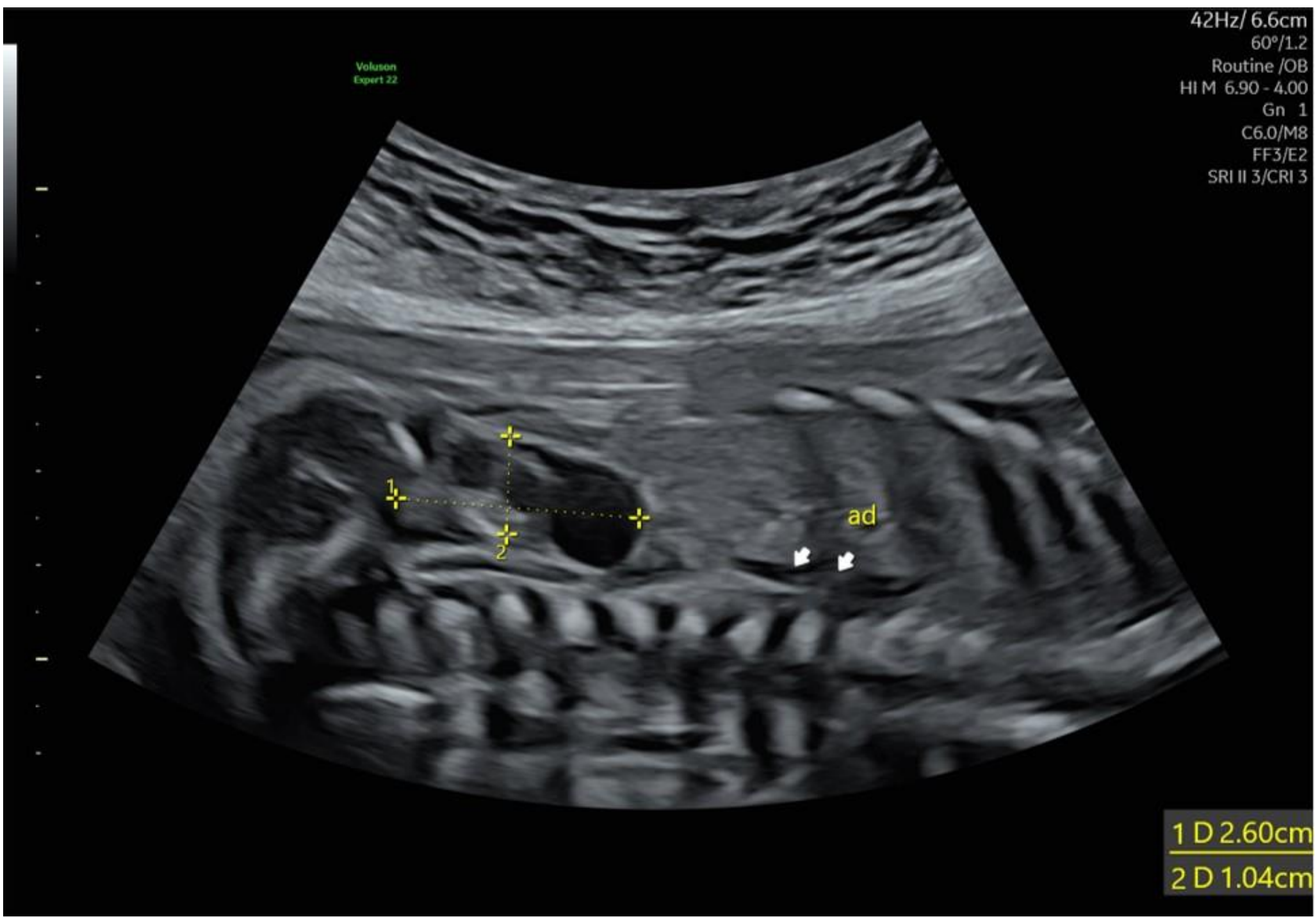


Figure 1. Sagittal ultrasound at 20 weeks showing the right kidney with a multicystic lesion and an adjacent elongated ipsilateral adrenal gland (“ad”). The displayed caliper measurement does not represent the largest cyst.

KEY TAKE-HOME MESSAGES

1

EVOLUTION

Renal findings may evolve over gestation; serial imaging refined the diagnosis from suspected agenesis to MCDK.

2

DIAGNOSTIC LIMIT

A small associated limb anomaly was not recognised prenatally, underscoring the limits of even detailed ultrasound.

3

PROGNOSIS

With a normal contralateral kidney, the renal outcome was favourable and conservative follow-up was appropriate.