

EP 06.09 Borderline Atrial Dilation (9–9.9 mm): Prognostic Value of Associated Anomalies

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Objective

To evaluate the incidence of genetic and structural anomalies and clinical outcomes in fetuses with borderline atrial width (9–9.9 mm) which corresponds to 2.5–3 SD in most gestational ages

Methods

Retrospective cohort study, 2014–2024

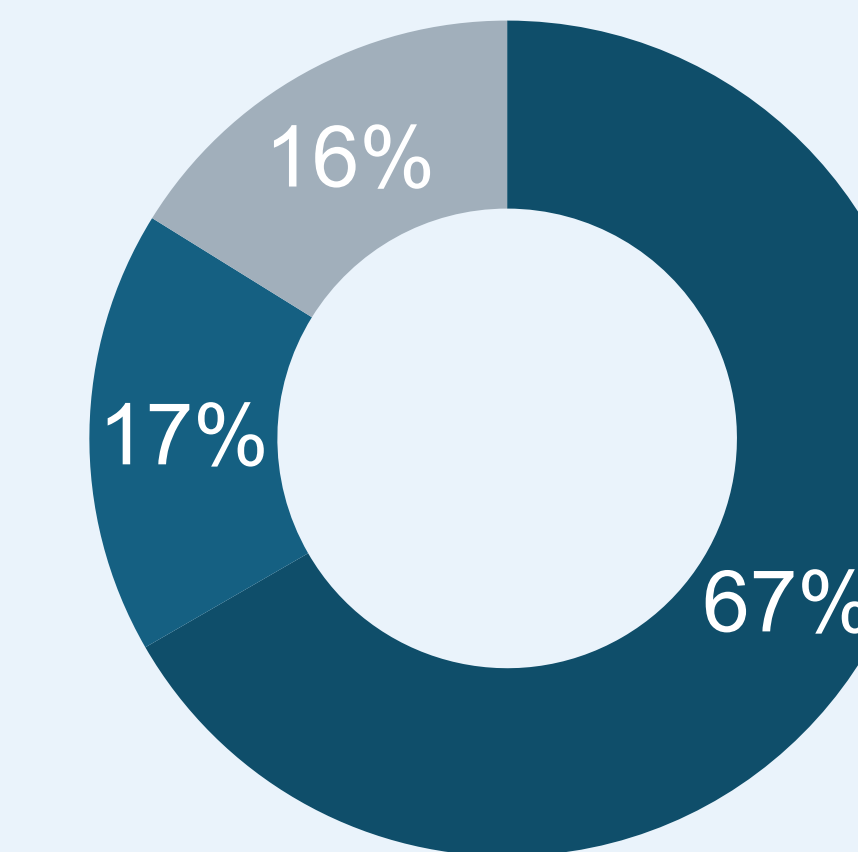
208 confirmed borderline atrium (9–9.9 mm)

Evaluation: morphological ultrasound, advanced neurosonography, CMV and Toxoplasma screening and invasive genetic testing offered to all. Fetal MRI (if indicated). Follow-up every 2–4 weeks

Results

Classification at diagnosis (n=208)

- Isolated 66% (n=137)
- Minor 17% (n=36)
- Major 16% (n=35)

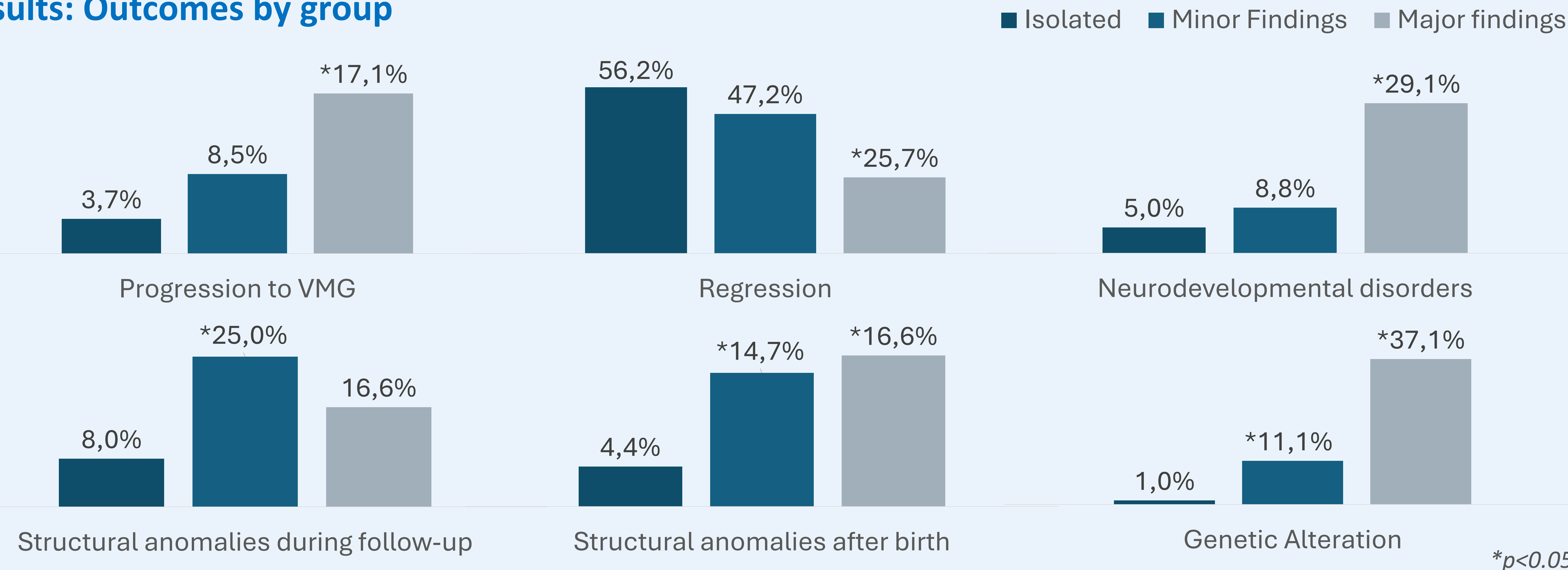


Isolated: No other anomalies seen in the initial evaluation

Minor: Ultrasound findings classified as minor anomalies or normality variants (*connatal* or *choroid plexus cyst*, *cavum velli*, *germinal matrix hemorrhage*, *ARSA*, *mild pyelectasia*...)

Major: Major anomalies diagnosed, intra or extracranial (*macrocephaly* (+3SD), *corpus callosum agenesis/dysgenesis*, *heterotopias*, *vermian dysgenesis*, *Growth abnormalities*, *clubfoot*...)

Results: Outcomes by group



Conclusion

Borderline atrial width (9-9.9) is generally **benign** when **isolated**.

But even minor associated anomalies increase the presence of genetic abnormalities and adverse outcomes.

Comprehensive evaluation — including detailed neurosonography, morphological evaluation and genetic testing — is essential for an **accurate prognosis**.