

EP06.84

Is the transventricular plane sufficient to exclude septum pellucidum abnormalities? Insights from a case report.

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Introduction

A normal appearance of the cavum septi pellucidi on the **transventricular plane** is generally considered sufficient to exclude abnormalities in its formation.

Case presentation

32-year-old woman referred at **20 weeks'** gestation, ultrasound demonstrated **isolated mild ventriculomegaly**. Fetal MRI confirmed the diagnosis in absence of associated cerebral abnormalities

Other tests

Genetic testing, including karyotype, chromosomal microarray and whole exome sequencing, was unremarkable, and **infectious** disease workup was **negative**.

Follow up at 30 weeks

Ultrasound and fetal MRI demonstrated persistent mild ventriculomegaly associated with periventricular cysts and incomplete visualization of the posterior septum pellucidum, with no additional abnormalities.

Importantly, the cavum septi pellucidi appeared normal on the standard axial transventricular plane. However, more caudal planes demonstrated fusion of the lateral ventricles at the mid and posterior levels, confirming partial absence of the septum pellucidum.

Conclusions

A normal appearance of the cavum septi pellucidi on the transventricular plane does not reliably exclude abnormalities of the septum pellucidum. Multiplanar assessment, including more caudal views and 3D reconstruction, is essential to avoid false reassurance and improve diagnostic accuracy.

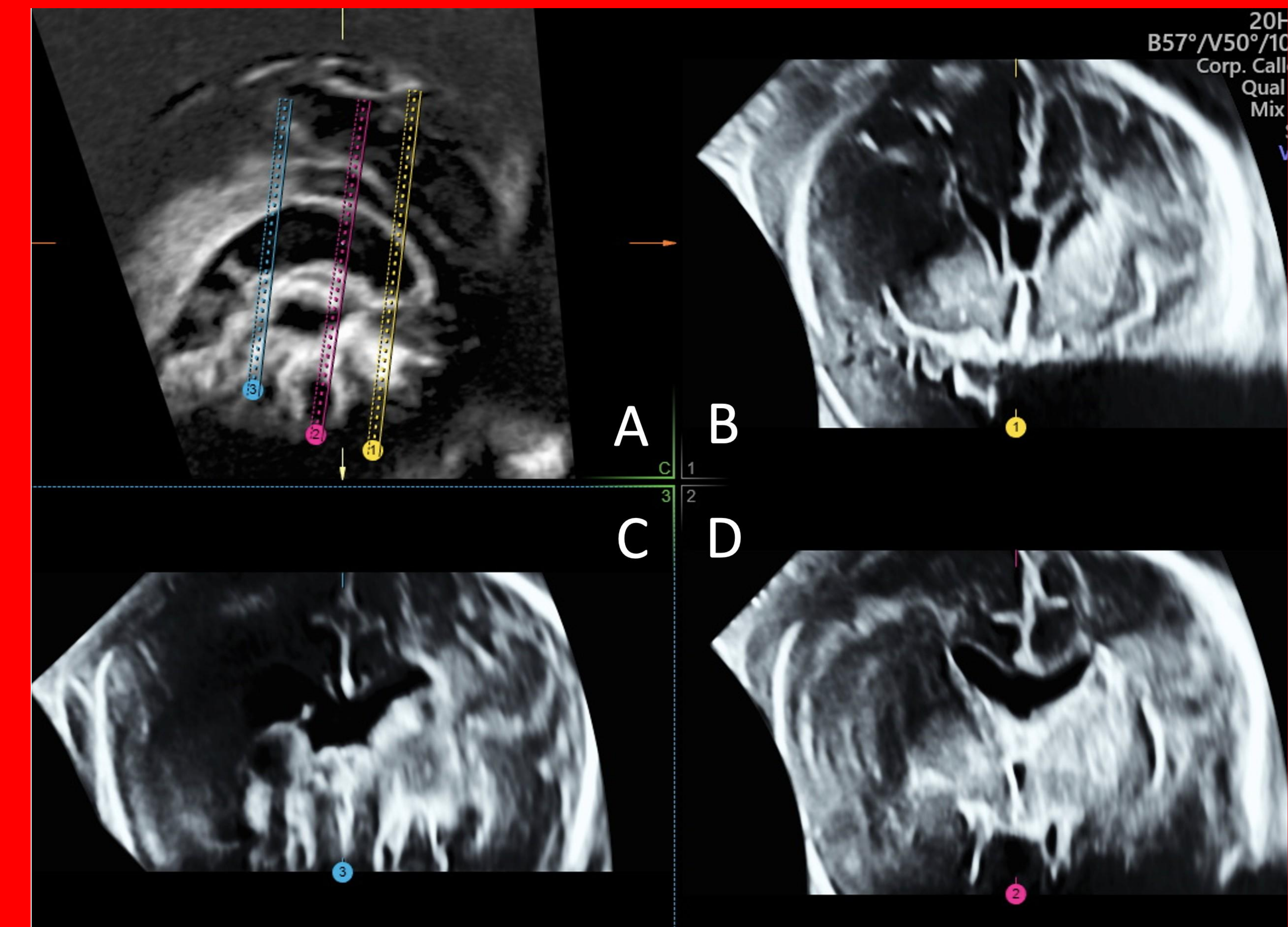


Figure 1. 3D coronal reconstruction using multiple linear reconstruction (Figure 1A) demonstrated an intact anterior cavum septi pellucidi (Figure 1B), with fusion of the lateral ventricles at the mid and posterior levels (Figure 1C,D).