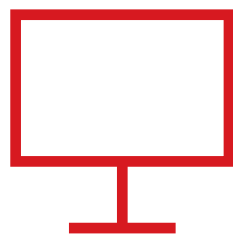


Is intermediate aneuploidy risk an indication for consultative fetal echocardiography? A single-centre cohort analysis

Jakub Młodawski¹, Łukasz Pawlik², Marta Młodawska³, Grzegorz Świercz⁴

1 Uniwersytet Jana Kochanowskiego w Kielcach, Kielce, Poland 2 Politechnika Świętokrzyska, Kielce, Świętokrzyskie, Poland
3 Collegium Medicum, Uniwersytet Jana Kochanowskiego w Kielcach, Kielce, Świętokrzyskie, Poland
4 Clinic of Obstetrics and Gynecology, Uniwersytet Jana Kochanowskiego w Kielcach, Kielce, Świętokrzyskie, Poland

Poster Code: isuog2026.1a0066c



ISUOG 2026
ePoster

1 OBJECTIVE

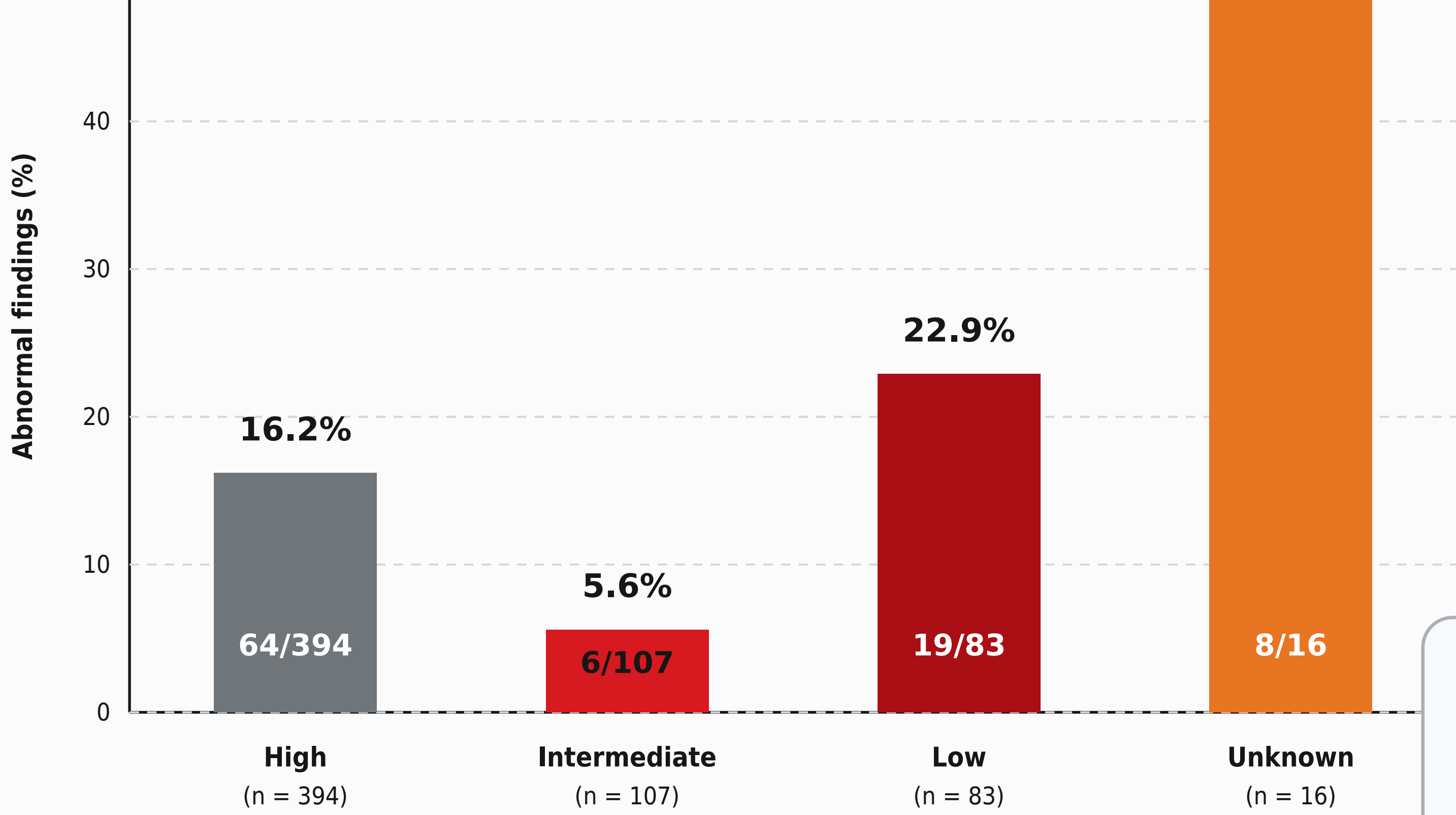
To compare the diagnostic yield of consultative fetal echocardiography across high, intermediate and low trisomy 21 (T21) risk from combined first-trimester screening, and to assess whether intermediate risk alone justifies referral.

2 METHODS

- Design: single-centre analysis of 600 consecutive consultative fetal echocardiograms from a tertiary fetal cardiology clinic.
- T21 risk categories: high (>1:300), intermediate (1:300-1:1000), low (<1:1000), and unknown.
- Primary outcome: any abnormal finding in the final report - structural or functional cardiac abnormality and/or major extracardiac anomaly - versus a completely normal study.
- Statistics: proportions with 95% confidence intervals; odds ratios for abnormal findings with the high-risk group as reference.
- Median gestational age at examination: 27 weeks.

3 RESULTS

Diagnostic yield by T21-risk category



Counts and proportions by T21-risk category

T21 risk group	n	Abnormal, n (%)
High	394	64 (16.2%)
Intermediate	107	6 (5.6%)
Low	83	19 (22.9%)
Unknown	16	8 (50.0%)



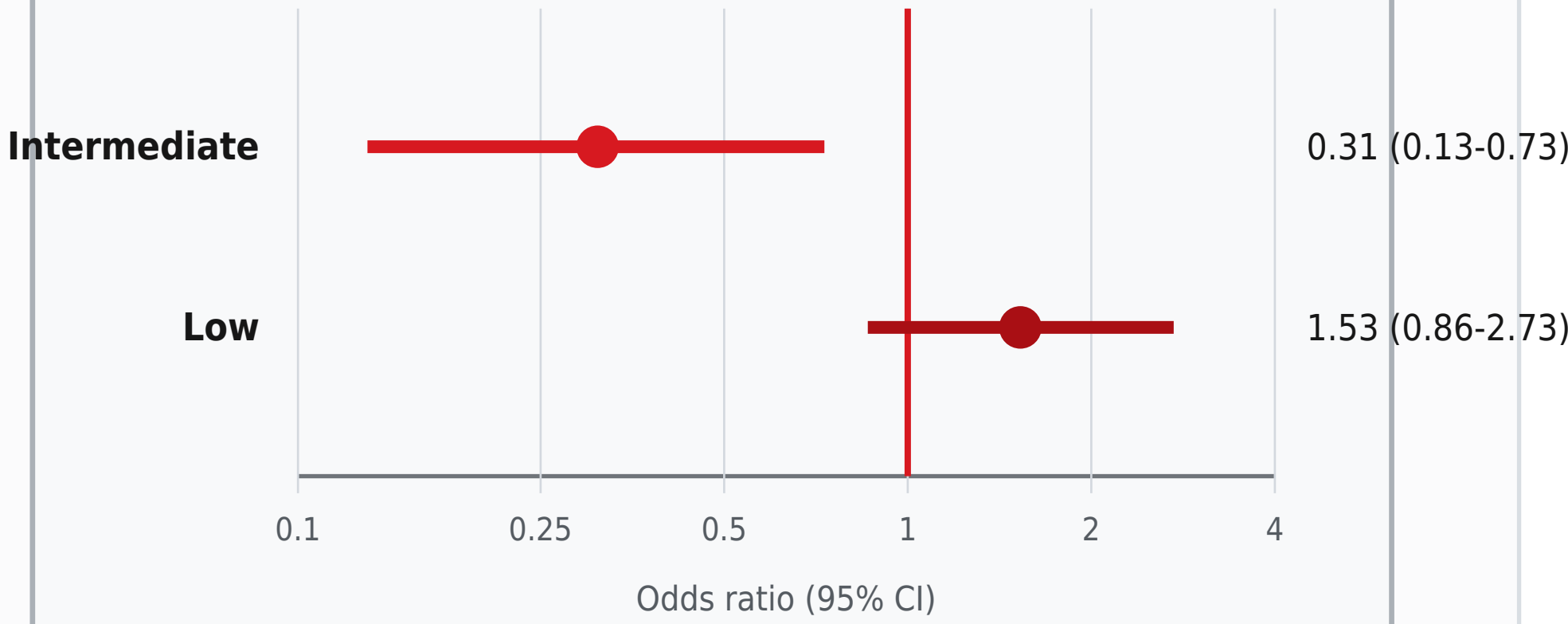
Overall cohort (n = 600)
97/600 abnormal findings (16.2%)
Median gestational age: 27 weeks.



Unknown-risk category
8/16 abnormal findings (50.0%).
Interpret cautiously: very small group.



Odds of abnormal findings
High-risk group = reference



4 CONCLUSIONS

- Intermediate T21 risk was associated with the lowest diagnostic yield: 6/107 abnormal findings (5.6%).
- Compared with the high-risk group, intermediate-risk referrals had significantly lower odds of abnormal findings: OR 0.31 (95% CI 0.13-0.73).
- The higher yield in the low-risk group likely reflects additional non-screening indications for referral.
- In the absence of additional fetal or maternal risk factors, routine referral of all intermediate-risk pregnancies for tertiary fetal echocardiography may not be justified.

TAKE-HOME MESSAGE



Intermediate T21 risk alone produced a 5.6% diagnostic yield and significantly lower odds of abnormal findings than high-risk screening results. Referral decisions should incorporate the complete fetal and maternal risk profile, not the screening category alone.



Keywords: Echocardiography, Nuchal Translucency, 11-14 week scan, PAPP-A.



Disclosures: No commercial or financial interests declared.