

# EP10.78 Increased nuchal translucency versus cystic hygroma: differences in chromosomal abnormalities and pregnancy outcomes

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## Objective :

To To compare chromosomal abnormalities and pregnancy outcomes in fetuses with increased nuchal translucency (NT) and cystic hygroma (CH) detected during first-trimester ultrasound screening.

## Methods :

Retrospective longitudinal study was conducted over a 5-year period at Gynaecology and Obstetrics department B-Charles Nicolle Hospital, Tunis, Tunisia.

Fetuses diagnosed with increased NT above the 95th percentile or CH at 11–14 weeks of gestation were included. Chromosomal abnormalities, structural anomalies, and pregnancy outcomes were compared between the two groups.

## Results:

Among 2286 first-trimester ultrasound examinations, 72 cases of increased NT (3.1%) and 21 cases of CH (0.9%) were identified. Mean gestational age at diagnosis was 11 weeks + 5 days.

Chromosomal abnormalities were significantly more frequent in the CH group than in the increased NT group. Turner syndrome was the most common aneuploidy in the CH group (40.3%), whereas trisomy 21 predominated in the NT group (57.7%) ( $p<0.05$ ).

Adverse pregnancy outcomes including miscarriage, termination of pregnancy, and major structural anomalies were observed in 81% of CH cases compared with 21% of NT cases ( $p<0.05$ ).

Even among chromosomally normal fetuses, the rate of serious structural anomalies remained higher in the CH group than in the NT group.

## CONCLUSIONS

**CH is associated with a significantly higher risk of chromosomal abnormalities and adverse pregnancy outcomes compared with increased NT. Differentiating these two findings during first-trimester ultrasound is essential for accurate prenatal counseling and risk assessment.**