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Multiple scattered fetal intra-abdominal calcifications: expanding the differential beyond TORCH and genetic conditions

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Introduction

Fetal intra-abdominal calcifications are a prenatal ultrasound finding with broad differential diagnosis, including congenital infection, meconium peritonitis, vascular insult and idiopathic causes.

Objective

We present two cases of scattered fetal intra-abdominal calcifications detected in second trimester and associated with early fetal growth restriction (FGR) and preterm birth.

The **first case** was a 47-year-old woman with a singleton pregnancy following assisted reproductive technology using a donor oocyte. Her medical history included a previous miscarriage, three hysteroscopic procedures for Asherman syndrome, previous myomectomy, chronic hypertension, and bacterial vaginosis. Cervical insufficiency was identified at 17 weeks of gestation, and a cervical cerclage was performed. At 20 weeks, early fetal growth restriction, generalized shortening of the long bones, and multiple scattered calcifications were observed.

Outcome: A preterm cesarean section was performed at 34+5 weeks of gestation due to preterm premature rupture of membranes, a uterine scar following previous myomectomy, and arterial hypertension. The infant is currently 10 months breastfed, and growing and developing appropriately for age. At 10 months of age, the infant’s length is below the 10th percentile.

The **second case** – a31 yo woman with spontaneous conception, no previous health complications. Early FGR and multiple scattered calcifications were detected in the second trimester. Diagnostic amniocentesis was performed at 25 weeks’ gestation, no TORCH infections were found.

Outcome

Spontaneous preterm birth occurred at 27+1 weeks. Birth weight was at the 10th percentile (729 g). Intrahepatic calcification were detected postnatally. Early neonatal sepsis occured. Placental histopathology showed chorioamnionitis and funisitis, with nonspecific villitis and intervillitis. Genetical abnormalities were not found. Child follows development according to corrected age.

Conclusion

Multiple scattered fetal intra-abdominal calcifications may represent not only sonographic marker of TORCH infections or genetic conditions, but also be the sign of other intrauterine infection associated with FGR and preterm birth.



Figure 1. Multiple scattered i ntra-abdominal calcifications



Figure 2. Intrahepatic calcifications