

BACKGROUND

Chorionic bump is a rare first-trimester ultrasound finding (0.4-0.7% of pregnancies), most consistently associated with an increased risk of early pregnancy loss. Its impact on later fetal outcomes remains uncertain.

CASE

- 28 -year-old G2P1 woman
- 6+2 weeks' gestation .
- 19×15 mm chorionic bump.
- Viable intrauterine pregnancy (CRL 5mm)
 - Vaginal progesterone administered empirically
- Combined screening and NIPT : low risk for aneuploidy
 - The remainder of pregnancy was uneventful with normal fetal growth and Doppler studies.

ULTRASOUND FINDINGS & FOLLOW-UP



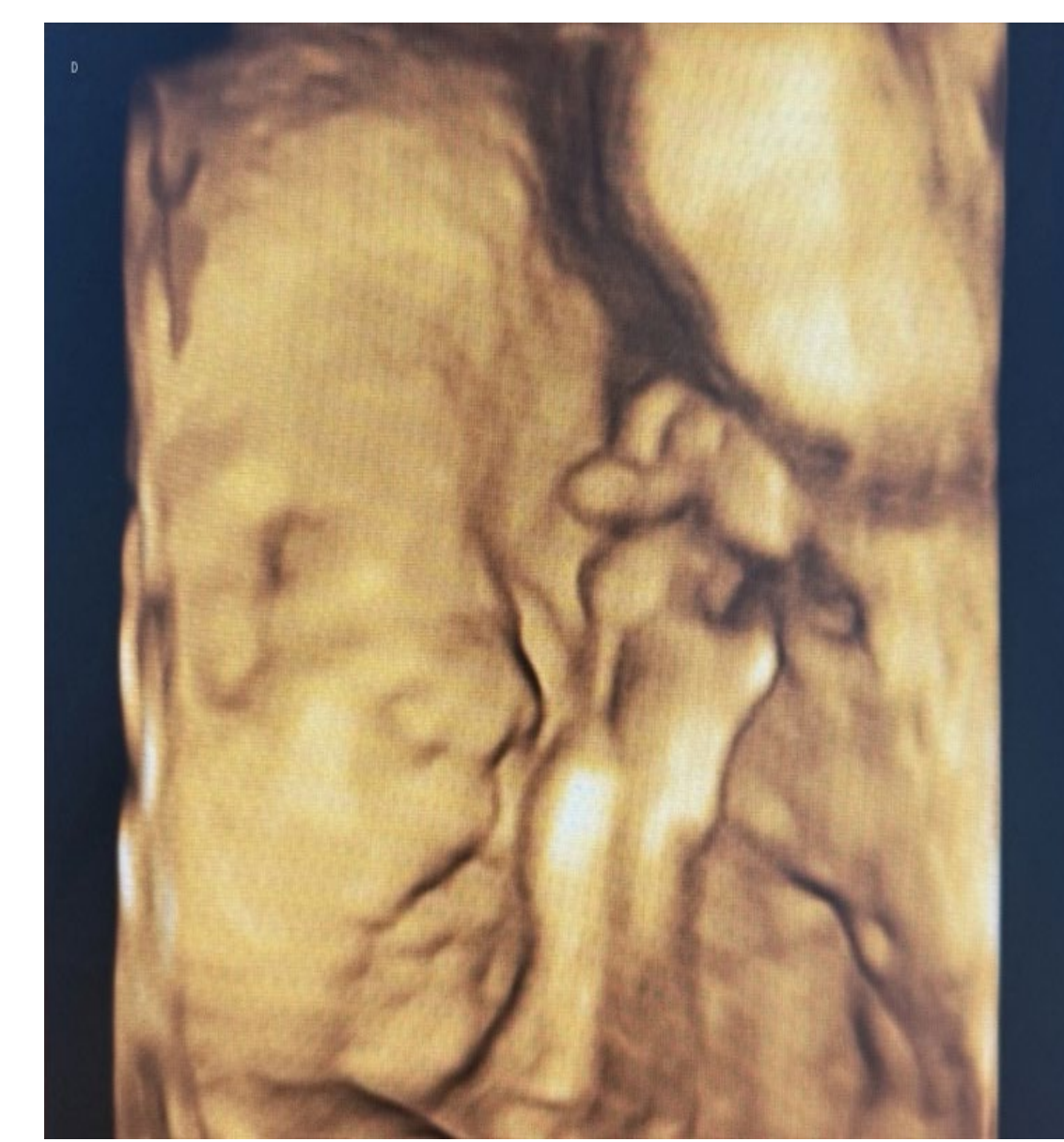
6 + 2 weeks
Chorionic bump
19 x 15 mm



6 + 2 weeks
Viable IUP
CRL 5 mm



21 + 4 weeks
Isolated unilateral cleft lip
Right side



21 + 4 weeks
No associated structural anomalies
No evidence of cleft palate



6+2 WEEKS

Viable intrauterine pregnancy
with chorionic bump
19 x 15 mm



21+4 WEEKS

Isolated unilateral
cleft lip detected
(right side)



32 WEEKS

Normal fetal growth
Normal Doppler studies
No additional anomalies



38 WEEKS

Cesarean delivery
Post-submission follow-up
Isolated unilateral cleft lip

FOLLOW-UP

- Serial ultrasound surveillance with fetal biometry and Doppler assessment
- Normal pregnancy progression
- 21+4 weeks: isolated unilateral cleft lip
- No associated structural anomalies; no evidence of cleft palate
- 25 weeks: mild varicella infection, treated with aciclovir ; no fetal complications
- 32 weeks: normal fetal growth and Doppler parameters

FINAL PREGNANCY OUTCOME

POST-SUBMISSION FOLLOW-UP

38 WEEKS CESAREAN DELIVERY

Birth weight 2800 g
Length 48 cm Apgar 8 / 9
Neonatal examination: isolated
unilateral cleft lip

The presence of a first-trimester chorionic bump does not necessarily indicate an adverse structural outcome. Continued detailed ultrasound follow-up remains essential, as its clinical significance and association with fetal anomalies are uncertain.