

Prenatal Ultrasound Diagnosis of Choledochal Cyst: A Case Report

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INTRODUCTION/BACKGROUND

The incidence of bile duct cysts is 1 per 2,000,000 births [1]. This pathology can remain asymptomatic during childhood and does not manifest itself through complications, hence the importance of antenatal diagnosis [2].

OBJECTIVES/AIMS

This case highlights the role of ultrasound in the early detection of choledochal cysts during pregnancy, allowing for timely diagnosis and postnatal management planning.

METHODS

This patient was seen during a screening ultrasound.

CONCLUSIONS

Ultrasound is an essential tool in the detection and characterization of intra-abdominal lesions, including choledochal cysts, during pregnancy. Early prenatal diagnosis enables timely intervention, such as surgery, and ensures comprehensive management strategies after birth. Future research should focus on improving the accuracy of prenatal imaging techniques and exploring the long-term outcomes of prenatal diagnosis and early surgical intervention for choledochal cysts.

RESULTS

A 32-year-old pregnant woman, gravida 2, para 1, underwent an ultrasound examination at 29 weeks of gestation for routine prenatal anomaly screening. The ultrasound revealed a female fetus with a 3 cm round cystic mass in the right upper quadrant of the abdomen, located in the subhepatic area, distinct from the stomach, bowel, and gall bladder. The mass was in close proximity to the hepatic artery. The kidneys and adrenal glands appeared normal. A diagnosis of choledochal cyst was suspected, and MRI confirmed the same findings. At 38 weeks, a female infant was delivered, and postnatal ultrasound corroborated the antenatal diagnosis. At 60 days of age, the cyst was surgically excised, with histopathological examination confirming the diagnosis of choledochal cyst.

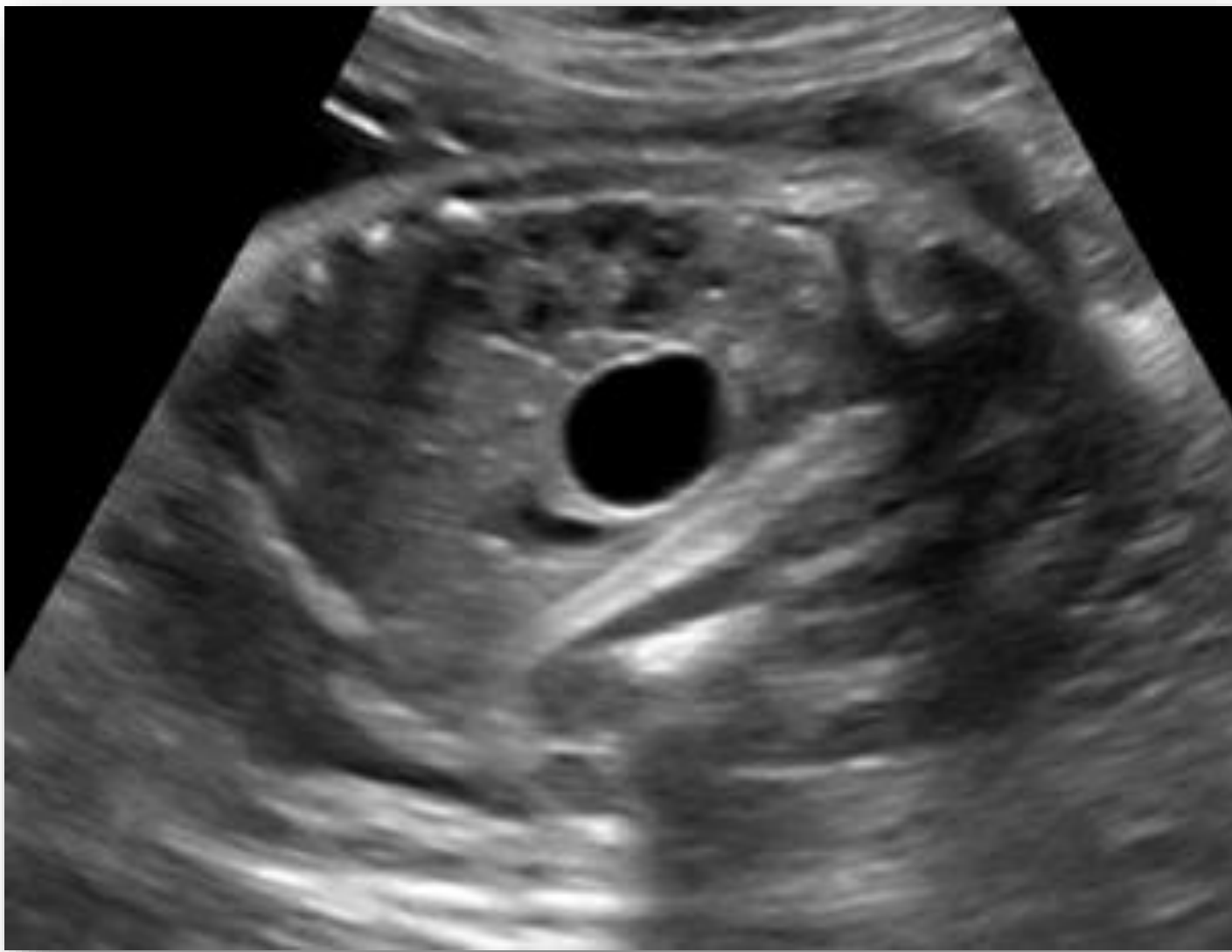


Figure 1: : Intra abdominal foetal cystic lesion in ultrasound

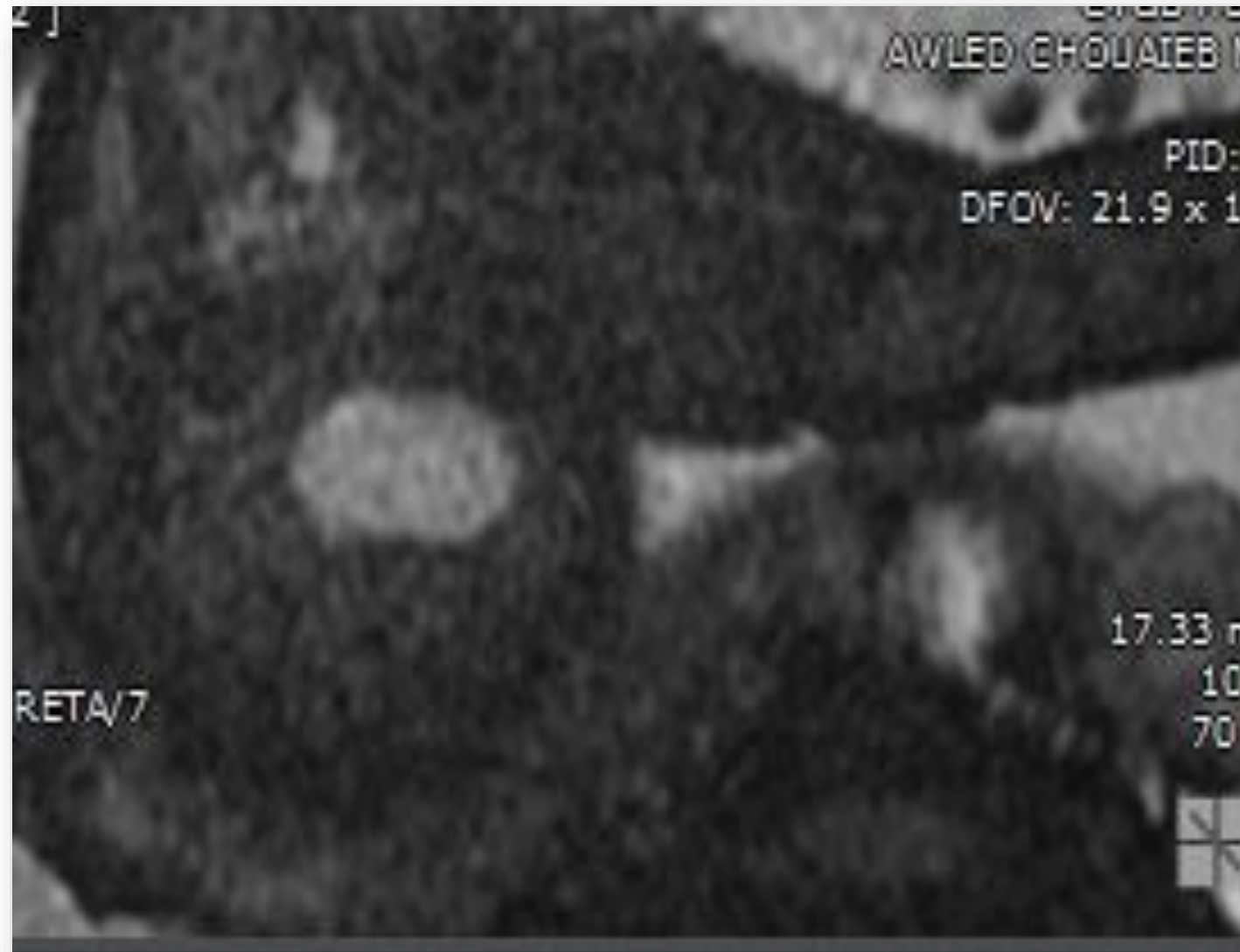


Figure 2: Choledocal cyst in the foetal MRI

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