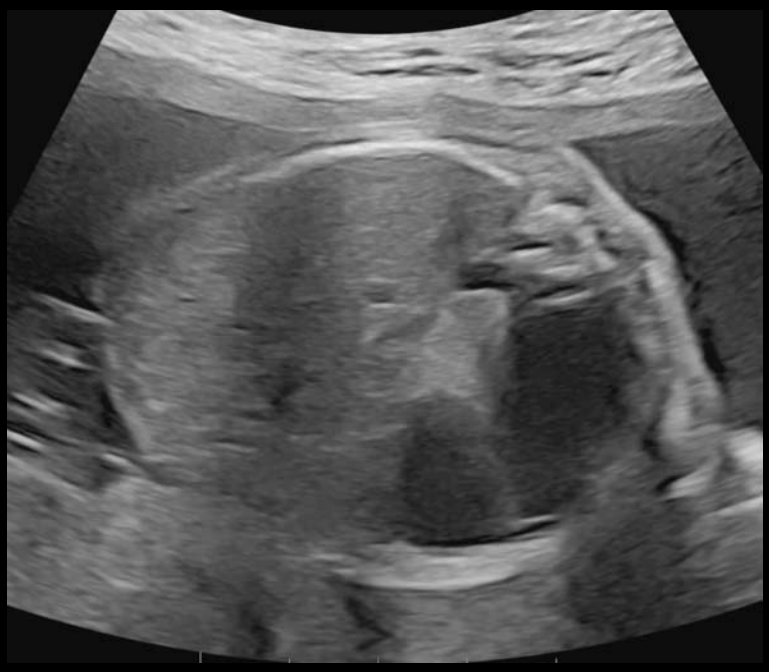
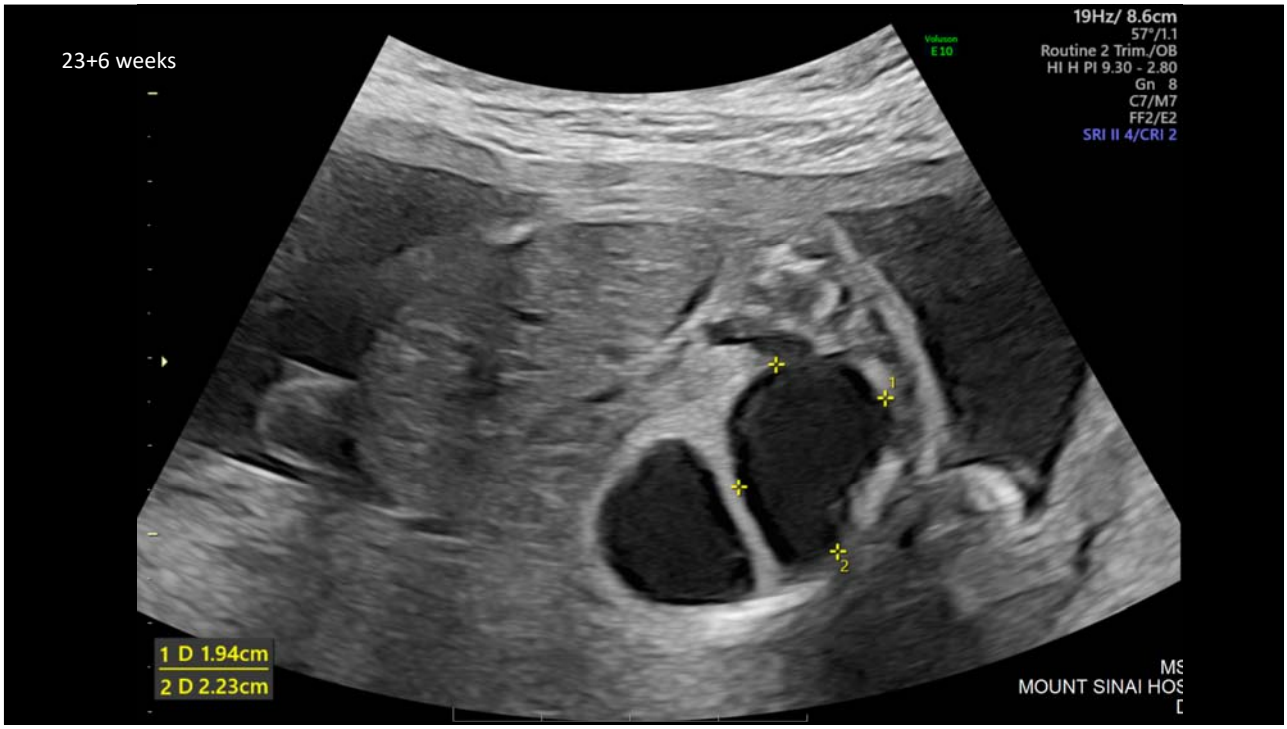
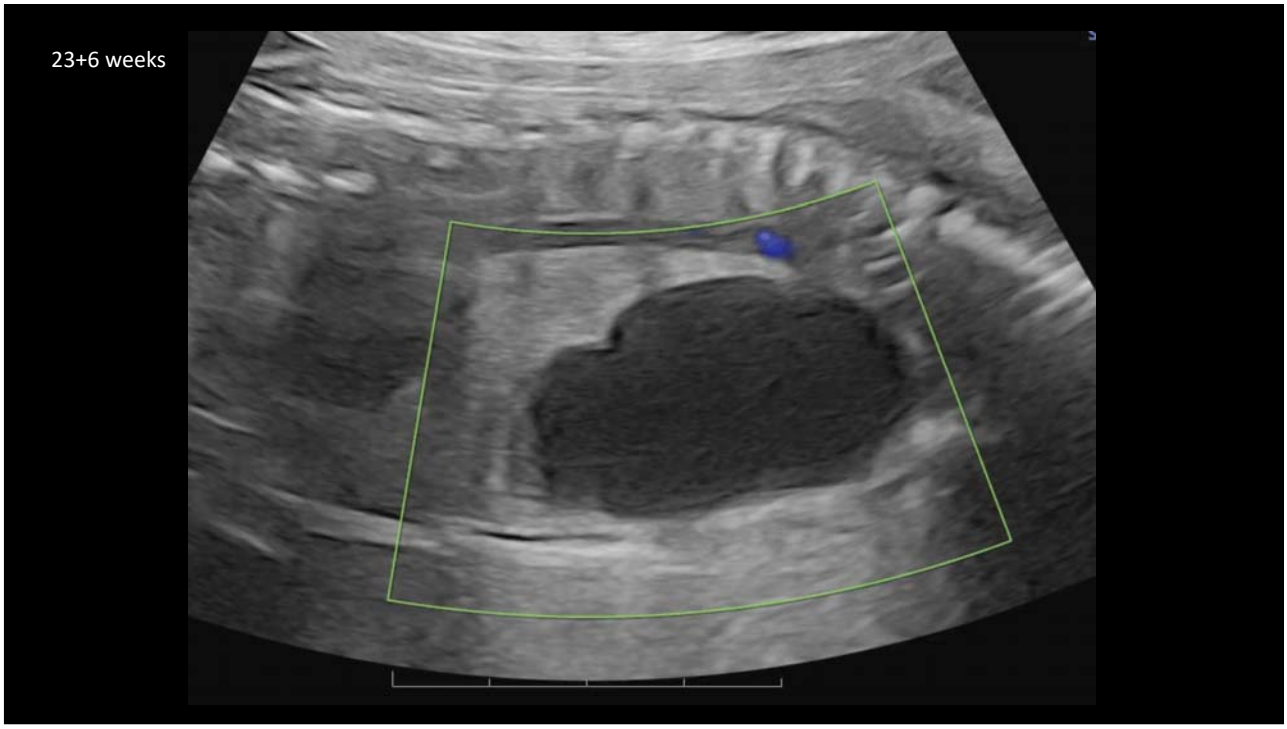
Case 1

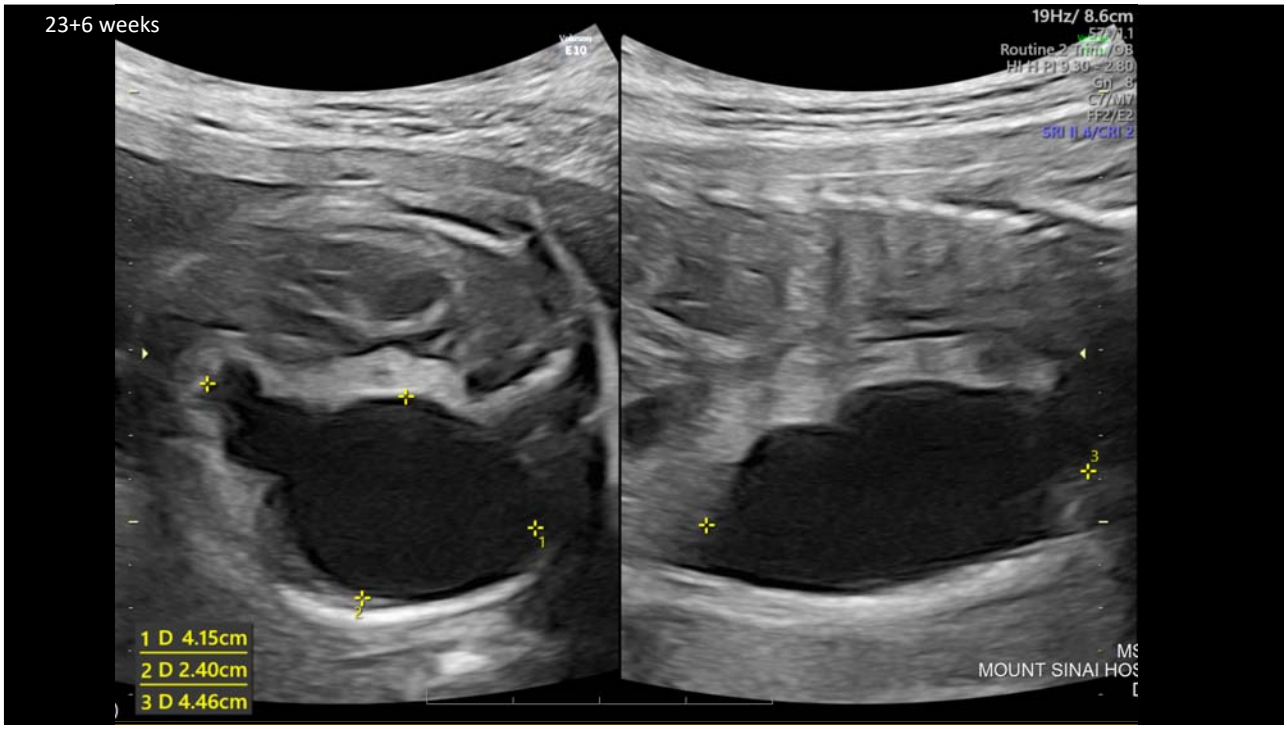
- 33 yo G1P0 GA23+6 weeks
- Medical history: Type II DM on Metformin (500 mg bid) and Levemir 22 unit hs.
- Surgical history: 0
- Obstetrical history:
  - G1: current pregnancy
  - NT 1.1 mm.
  - eFTS: low risk (1:8941)

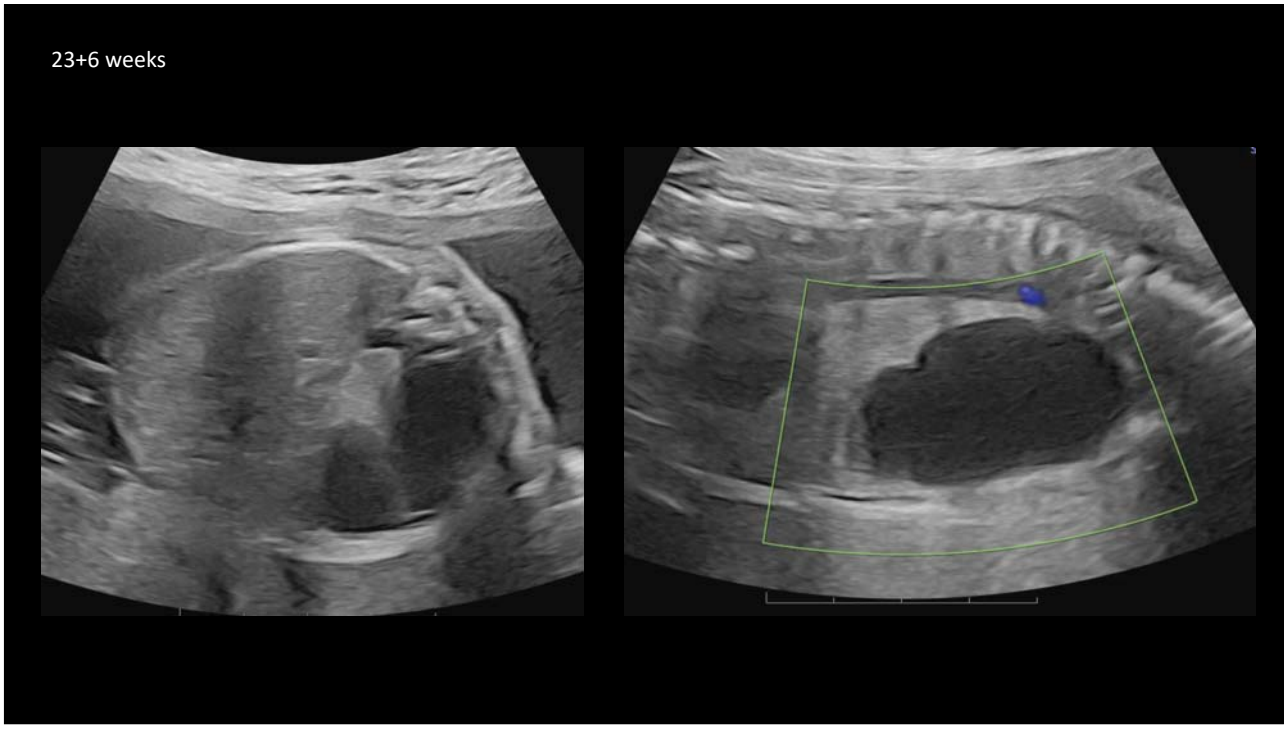
23+6 weeks




23+6 weeks
19Hz/ 8.6cm
57°/1.1
Routine 2 Trim./OB
HI H PI 9.30 - 2.80
Gn 8
C7/M7
FF2/E2
SRI II 4/CRI 2
1 D 1.94cm
2 D 2.23cm
MOUNT SINAI HOS


23+6 weeks


23+6 weeks
19Hz/ 8.6cm
1 D 4.15cm
2 D 2.40cm
3 D 4.46cm
MOUNT SINAI HOS


23+6 weeks

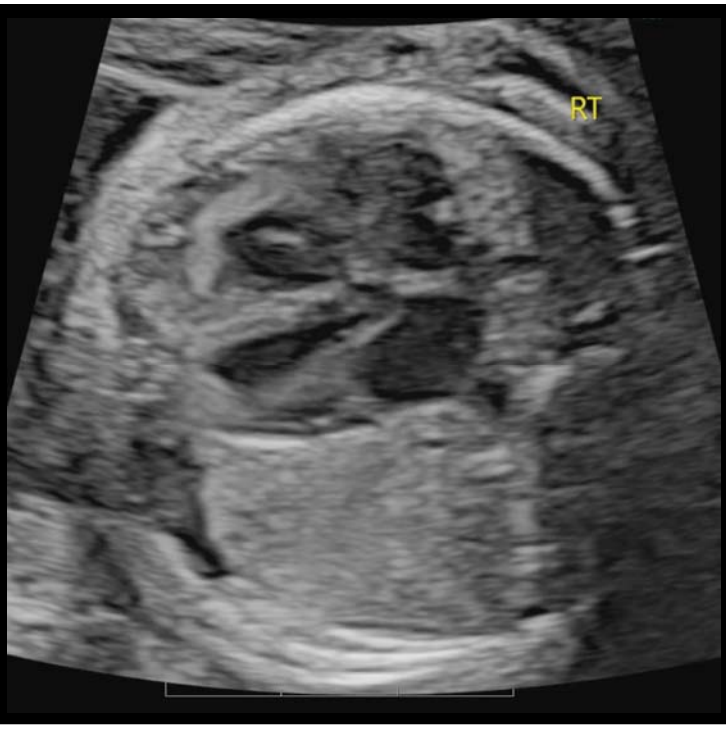
What is the most likely diagnosis?

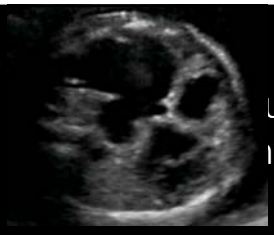
A. Congenital pulmonary airway malformation (CPAM)
B. Bronchopulmonary sequestration (BPS)
C. Congenital diaphragmatic hernia (CDH)
D. Congenital high airway obstruction syndrome (CHAOS)
E. Bronchogenic cyst

Management?

A. Expectant management
B. Steroid administration
C. Needle aspiration
D. Thoracoamniotic shunt
E. Delivery

Thoracoamniotic shunt insertion at 24+6 weeks gestation

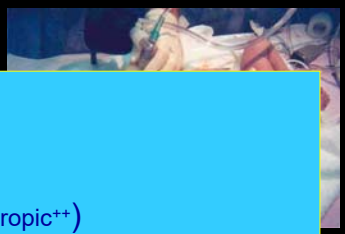




unting of macrocystic CCAM's
ydrops / hydramnios (n=11)

Mount Sinai Hospital
Ontario Fetal Centre

	Shunt (wk)	Outcome
ascites + hydramnios	27.6	SVD 38 wk
hydr		
hydr		
hydr		
hydr		
hydr		
rapid		
hydra		
rapid ↑ (CVR 1.8)	22	SVD 39 wk *dislodged 3 wks later – no recurrence*
↑ + hydramnios (CVR 1.13)	27.9	SVD 38.6 wk
Massive lesion (CVR 3.11)	23	SVD 39.6 wk



n = 27:

Hydrops resolved 83%

IUFD 2 (17, 19 wks - hydropic^{++})

NND 2 Refractory Pulm. Hypertension 35 wk 2,700g
Hyaline membrane ds. 28 wk 990g

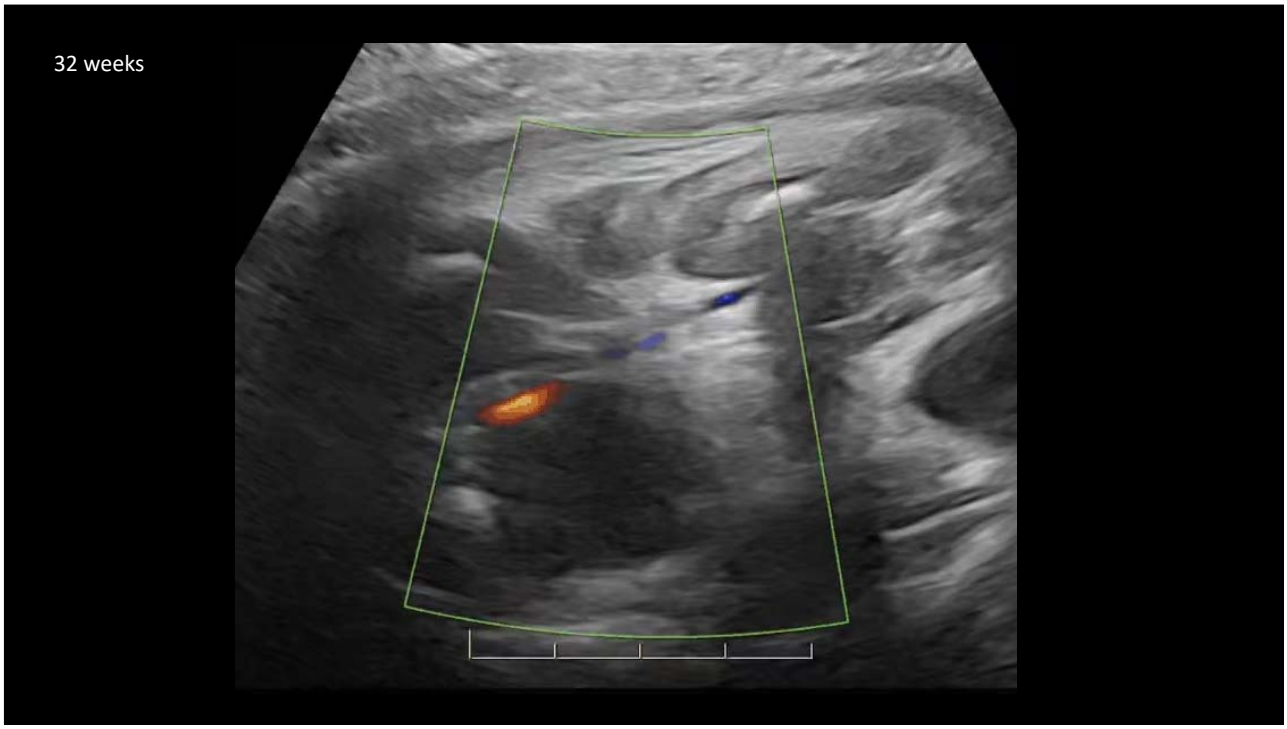
Survival 86%

Schrey S. USOG 2012;39(5):515-20

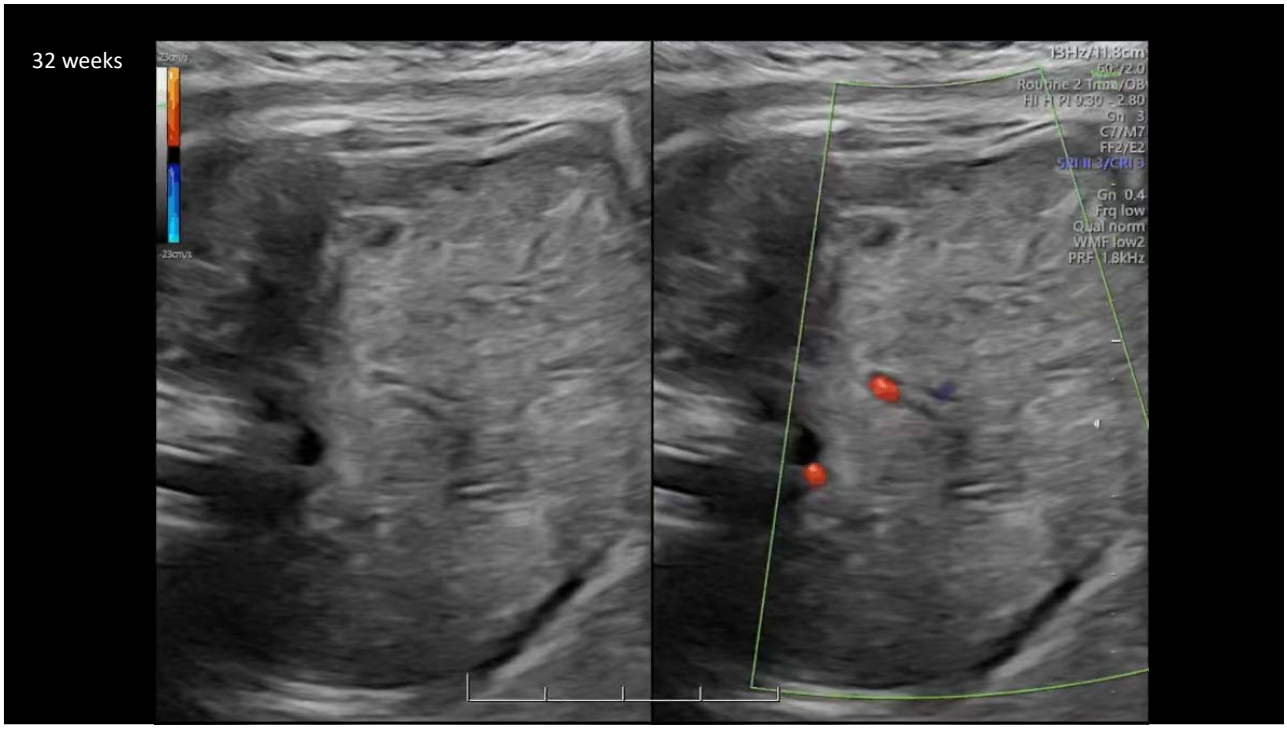
Case 2

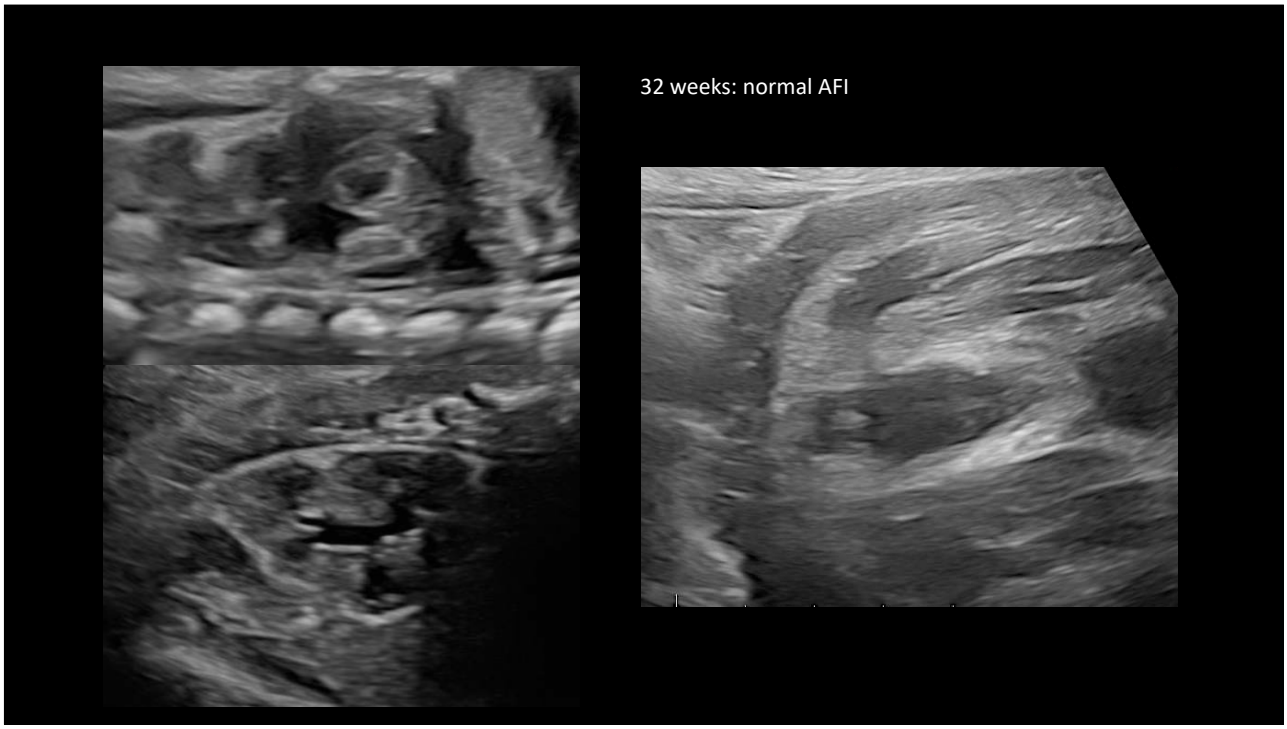
- 38 yo G1P0 GA 32+2 weeks
- Medical history: history of DVT diagnosed in 2022.
- Surgical history: none
- Obstetrical history
  - G1: current pregnancy
  - Normal NT
  - Low risk eFTS and NIPT
  - Anatomy ultrasound: no anomalies seen

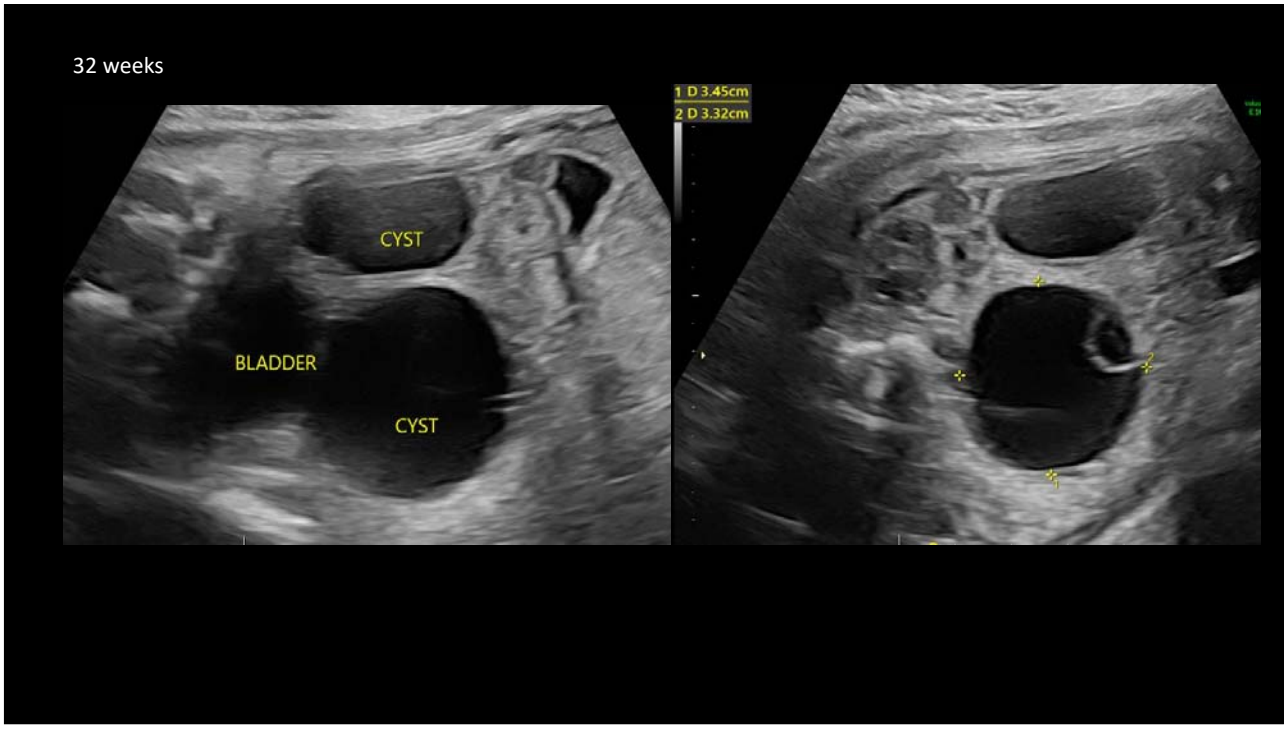
32 weeks



32 weeks




32 weeks: normal AFI


32 weeks
CYST
BLADDER
CYST
1 D 3.45cm
2 D 3.32cm

What is the most likely diagnosis?

A. Bilateral hydroureter
B. Bowel obstruction
C. Double bubble sign
D. Bilateral ovarian cysts
E. Ureterocele
F. Bladder diverticulum

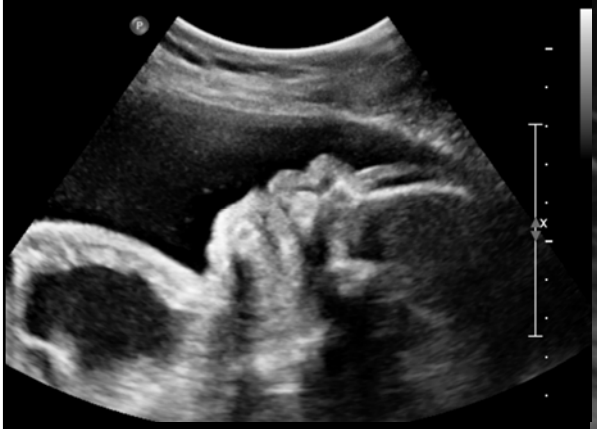
Management?

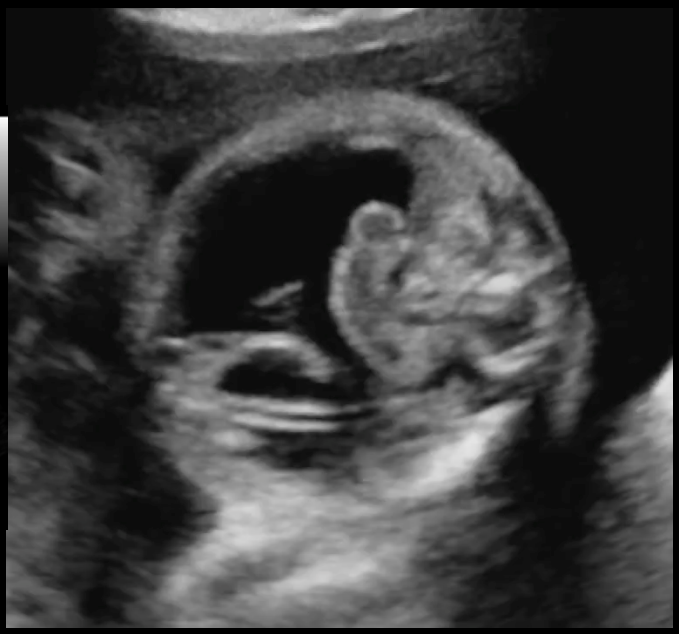
A. Expectant management
B. Needle aspiration
C. Delivery

Case 3

- 32 yo G1P0 GA 26+1 weeks
- Medical history: none
- Surgical history: none
- Obstetrical history
  - G1: current pregnancy
  - NT 1.8 mm.
  - eFTS: low risk (1:3400)
  - Anatomy ultrasound: no anomalies seen

26 weeks





Normal MCA PSV

What is the most likely diagnosis?

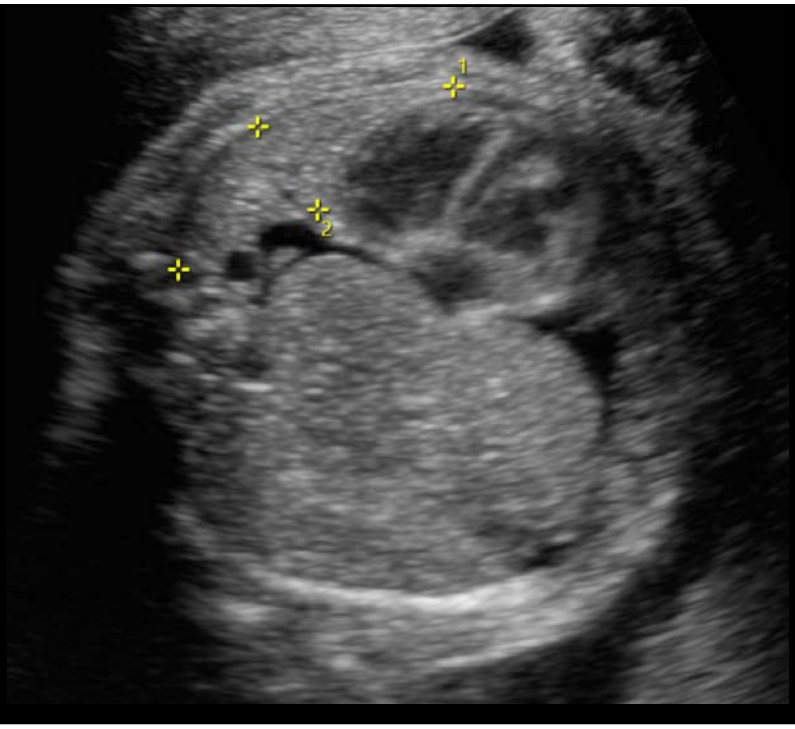
A. Skin edema
B. Ascites
C. Pleural effusion
D. All of the above

Management?

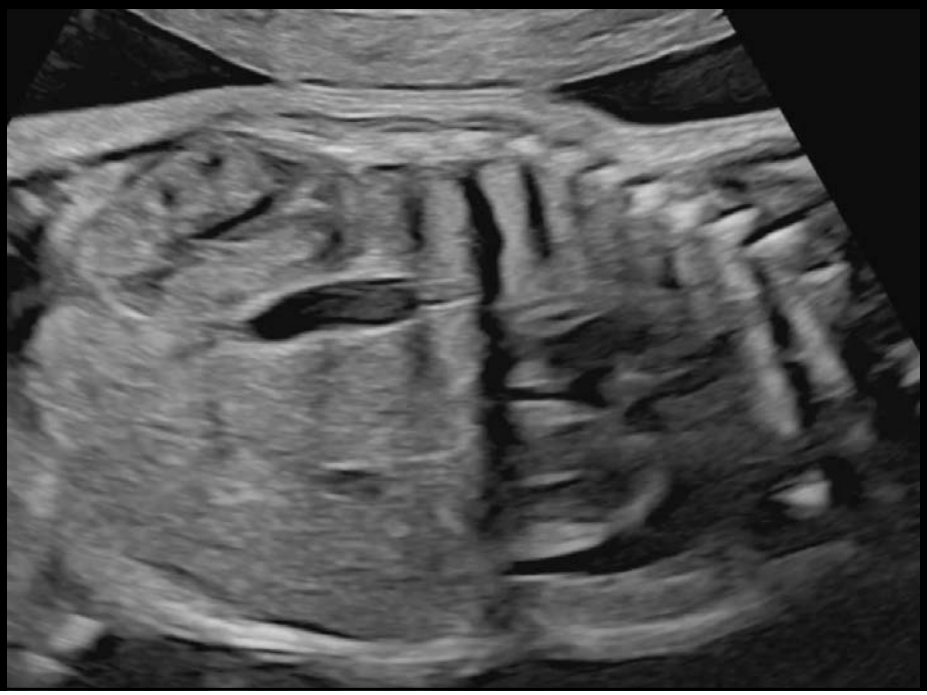
A. Expectant management
B. Steroid administration
C. Needle aspiration
D. Thoracoamniotic shunt
E. Delivery

Thoracoamniotic shunt insertion at 26+6 weeks gestation

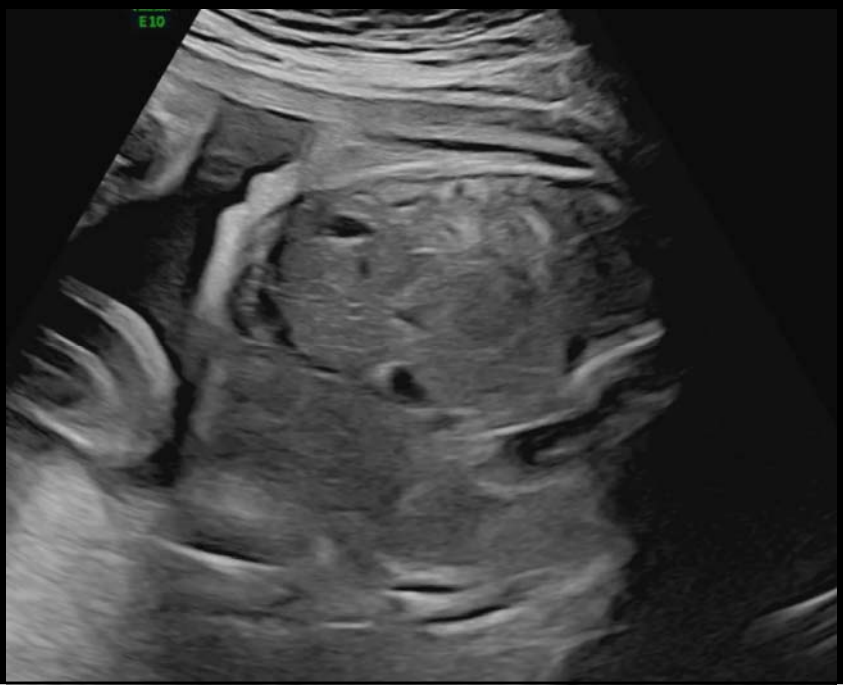
27 weeks,
1 week post-shunt



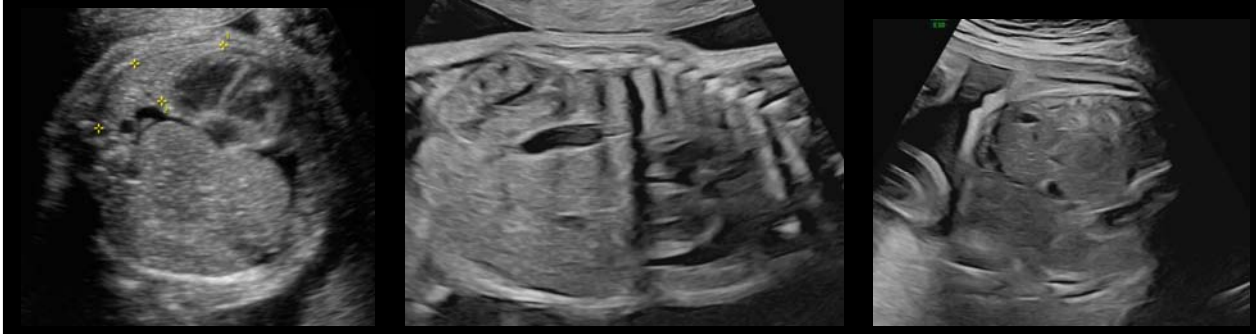
27 weeks,
1 week post-shunt



27 weeks,
1 week post-shunt



27 weeks, 1 week post-shunt



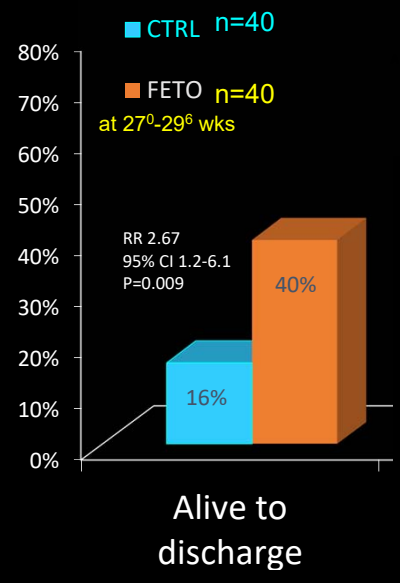
What is the most likely diagnosis?

A. Congenital pulmonary airway malformation (CPAM)
B. Bronchopulmonary sequestration (BPS)
C. Left congenital diaphragmatic hernia (left-CDH)
D. Right congenital diaphragmatic hernia (right-CDH)

Management?

A. Expectant management
B. Steroid administration
C. Fetal balloon tracheal occlusion (FETO)
D. Delivery

Severe Lt. CDH – TOTAL trial results



Estimated SS n=116
Stopped for efficacy after 3rd interim analysis

Deprest J. NEJM June 8, 2021;

Mount Sinai Hospital

Right CDH

University of Toronto

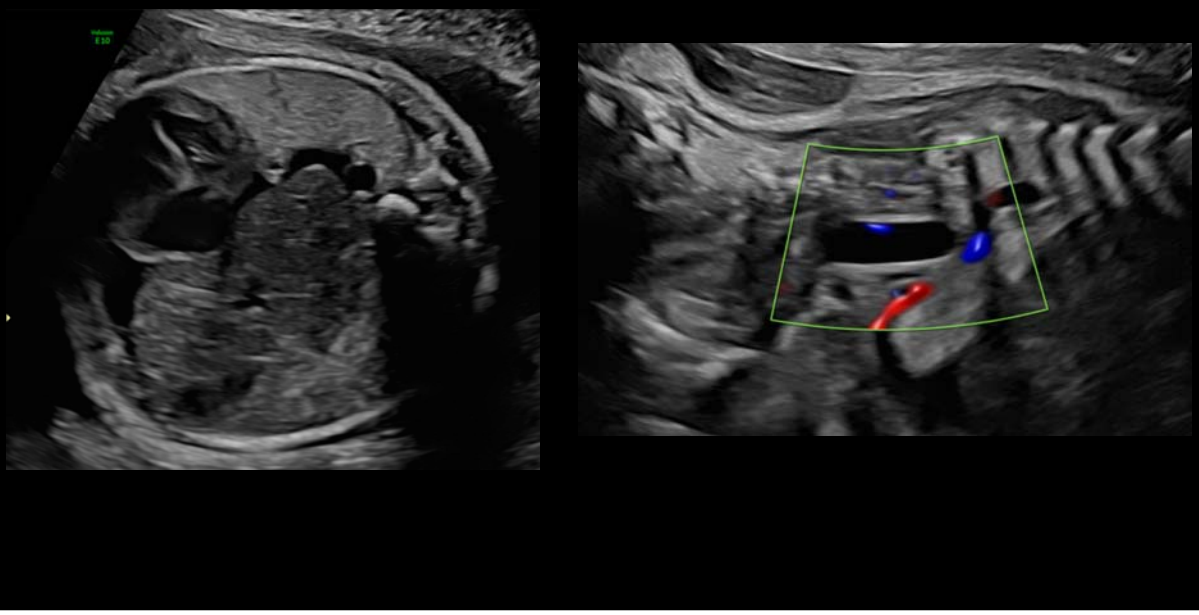
Ontario Fetal Centre

- N=86 2002-12 76 isolated
- worse outcome than left CDH
- Survival:
- o/e LHR

n=214:
Best o/e-LHR cut-off to predict survival at discharge = 50%
Sensitivity 78%
Specificity 72%

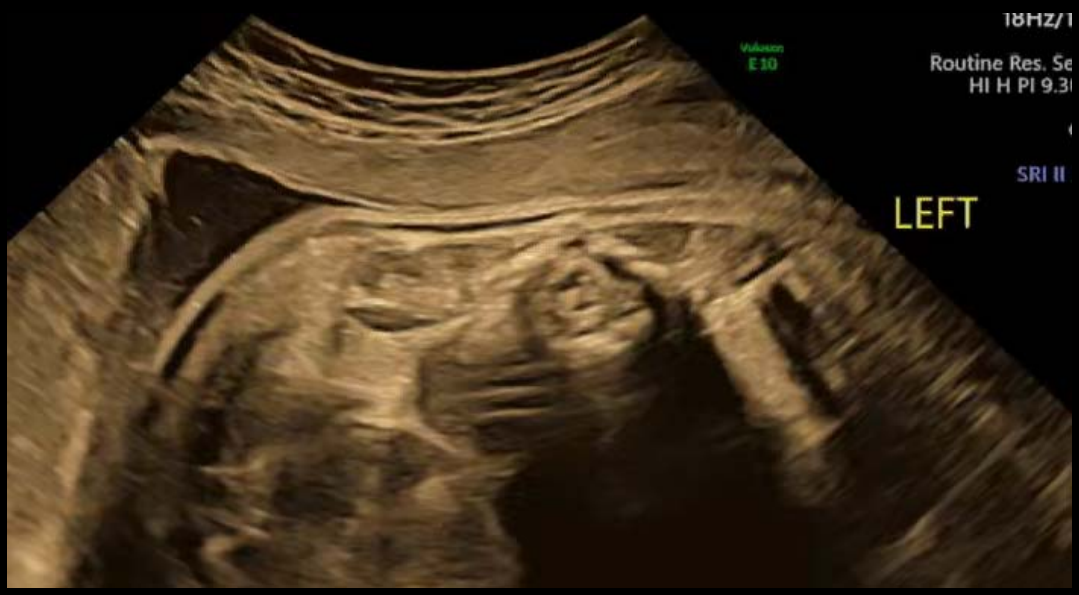
- FETO is offered for Rt. CDH

DeKoninck P. BJOG 2015;122(7):940-6
Russo FM. USOG 2021;57:378-85

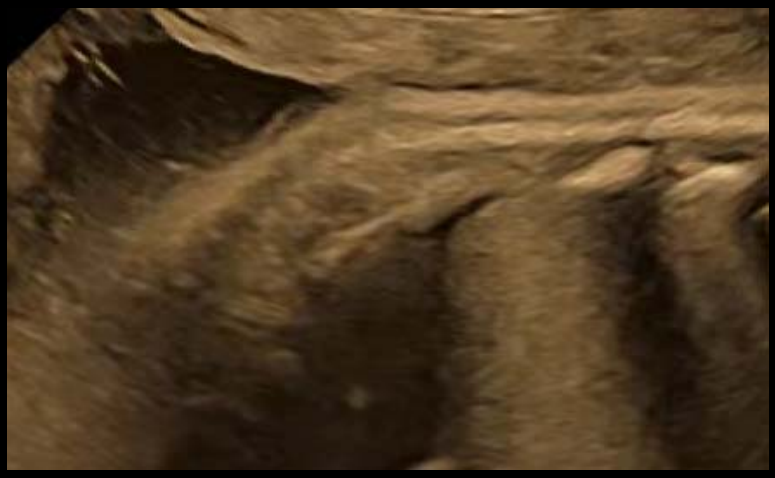


Case 4

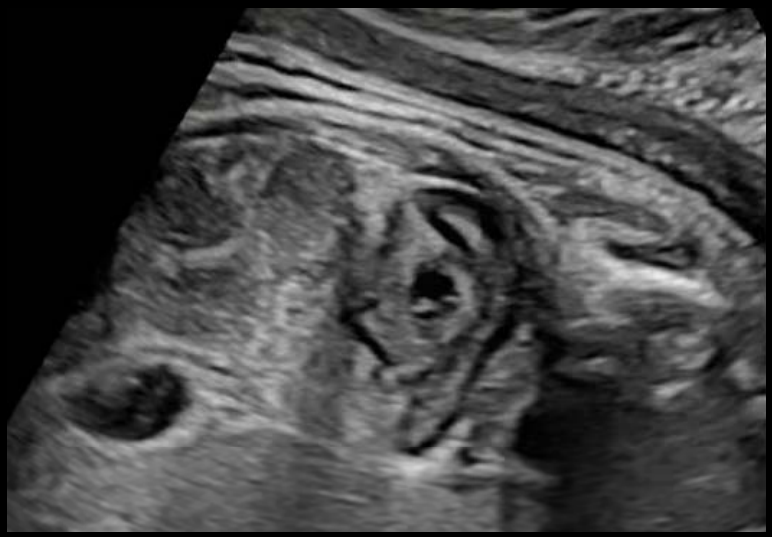
- 40 yo G3P2 GA 38+5 weeks
- Medical history: none
- Surgical history: none
- Obstetrical history
  - G1 and G2: normal term vaginal delivery
  - G3: current pregnancy
  - No genetic screening per patient preference
  - Anatomy ultrasound: no anomalies seen

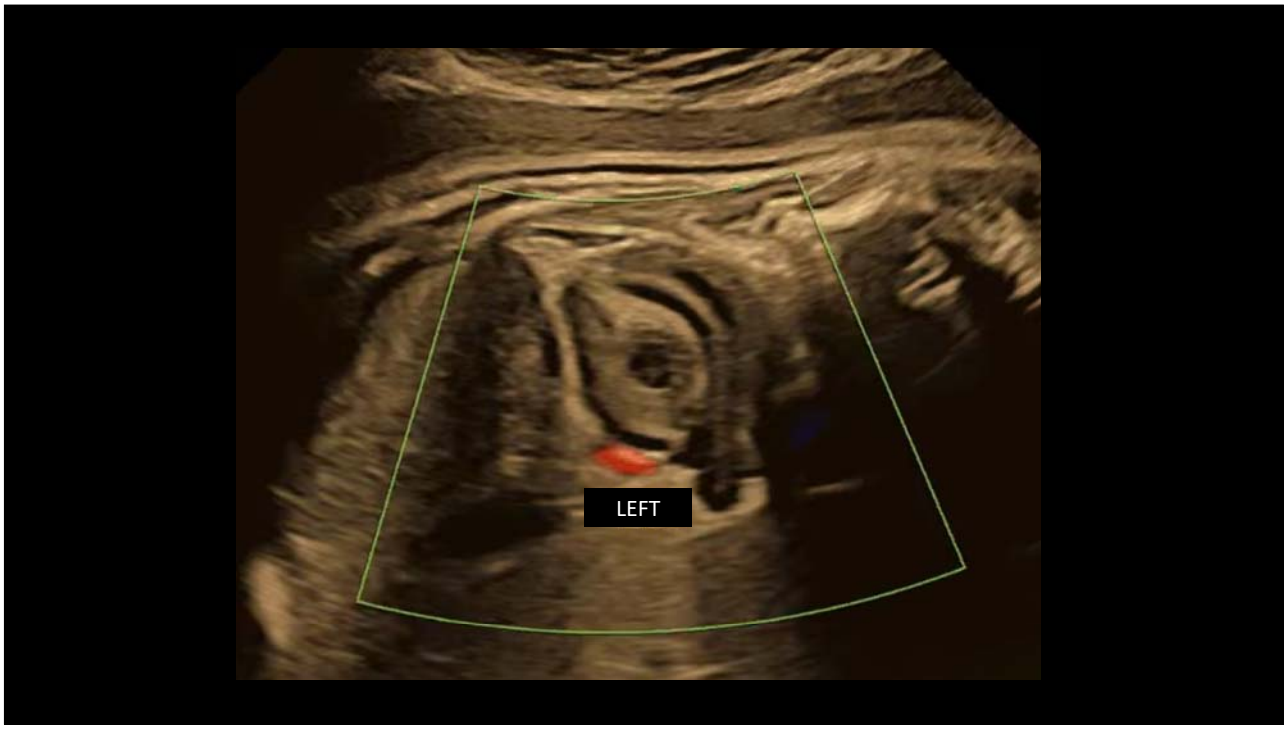


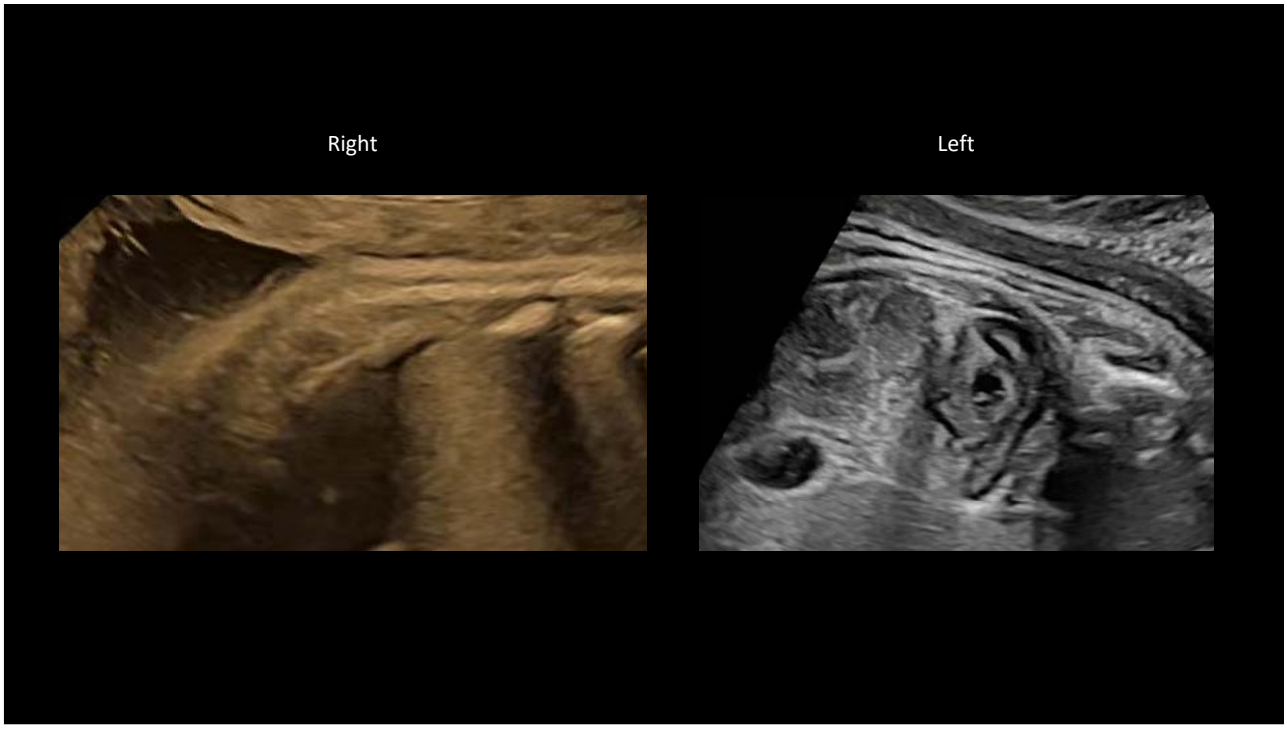
Right renal fossa



Left renal fossa




LEFT


Right
Left

What is the most likely diagnosis?

A. Pelviectasis
B. Adrenal mass
C. Renal mass
D. Hydroureter