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Screening for trisomy 21 by contingent first trimester combined plus test in Peru

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Objective

To assess the performance of the KO Kagan 2010 contingent protocol in our population.

Methods

All pregnant women between 11 and 13 weeks were assessed by First trimester combined plus screening Test in our unit. Fetal Medicine Foundation quality published criteria and International Society of Ultrasound in Obstetrics and Gynaecology guidelines were followed.

Results

2578 singleton pregnancies were assessed. 37 fetuses, 1888 fetuses and 653 fetuses were classified as high risk (≥ 1/50), low risk (<1/1000) and intermediate risk (between 1/51 and 1/1000) by first step ultrasound respectively. Contingent PAPP-a and free beta-hCG were recommended to pregnant women in the intermediate risk group. 46(1, 8%) of the fetuses were classified as high risk after biochemical testing. Finally, 83(3, 2%) of the fetuses were in the high risk group. All the 6 cases of trisomy 21 foetus in our cohort were included in the high risk group. Pregnant women over 37, 7 years old were had a high backgroud risk (ARB basal risk ≥ 1/200).

Conclusion

Kagan 2010 model was validated by our results. Size of the intermediate risk subgroup depends on the proportion of patients with high background risk (over 37, 7 years old).