



## Outcome of abdominal cysts detected at 11-14 weeks of gestation: a two centers' experience

De Robertis V, Volpe N, Fanelli T, Dell'Asta A, Ghi T, Volpe P  
Fetal Medicine Unit, Di Venere and Sarcone Hospitals, Bari, Italy

### Objective

To ascertain the outcome of fetuses with an abdominal cyst detected at 11–14 weeks' gestation.

### Methods

This was a prospective study in two referral centers for prenatal diagnosis that included all fetuses with an abdominal cyst on ultrasound examination at 11–14 weeks. Detailed information on the fetal outcome was obtained by our database and medical records and interview with the parents and their physicians.

### Results

Eighteen cases were identified, of which 4 had associated anomalies. In 3 of 4 cases with additional anomalies parents opted for termination. In the remaining case a diagnosis of VACTER (vertebral defects, anal atresia, cardiac defects, tracheo-esophageal fistula, renal anomalies) was made after birth. In 14 cases the cyst was apparently isolated and in 11 of these cases resolved at second trimester scan; however 3 of these fetuses had a diagnosis of anorectal malformation in 2 cases and biliary atresia in the remaining case, after birth. In a 4th case a meconium cyst was detected within the third trimester. In the remaining 7 cases the outcome was normal. The 3 persisting cases at the second trimester scan were diagnosed as choledocal, hepatic and splenic cysts respectively and confirmed after birth.

### Conclusion

Fetal abdominal cysts at 11–14 weeks' gestation are rare. In the majority of cases they are an isolated finding and often resolve in the second trimester. However gastro-intestinal anomalies can be detected after birth. For these reasons perinatal assessment is suggested, even if the cyst resolves during pregnancy.