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Objective: Describe sonographic signs to identify a rare condition, such as bladder exstrophy.

Method: A 36-year old woman with a no consanguineous third pregnancy was performed ultrasound examination, 8 MHz, convex volume probe, Voluson E8, at 22, 30 and 35 weeks. She underwent amniocentesis for Karyotype at 23 weeks and a magnetic resonance imaging (MRI) at 33 weeks, sequences T1 and T2.

Results:All ultrasound examination findings: non-visualization of bladder, a infraumbilical abdominal wall defect, such as a solid mass in the lower anterior fetal abdomen, color doppler ultrasound identified the two umbilical arteries beside the mass, normal kidneys and scrotum, microphallus, normal amniotic fluid. The karyotype was normal, 46 XY. The MRI confirmed the main ultrasound findings and help identify all the bowel inside the fetal abdomen and out of the mass. After rupture premature of membranes, fetus was born, by cesarian section, at 35 weeks and the diagnosis was confirmed.



Fig.1:non-visualization of bladder, infraumbilical abdominal wall defect.

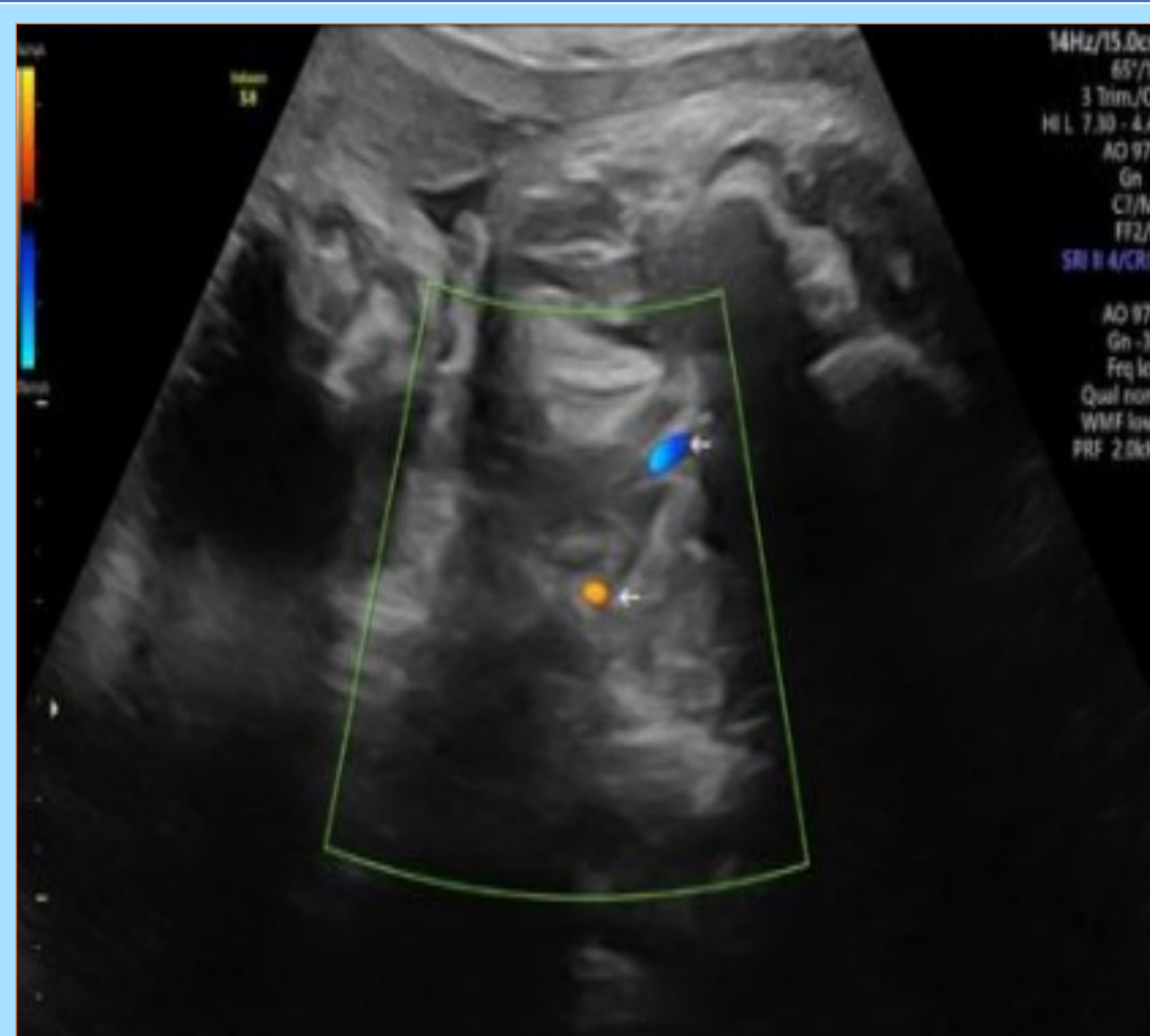


Fig.2: mass between two umbilical arteries.



Fig.3:microphallus and normal scrotum.

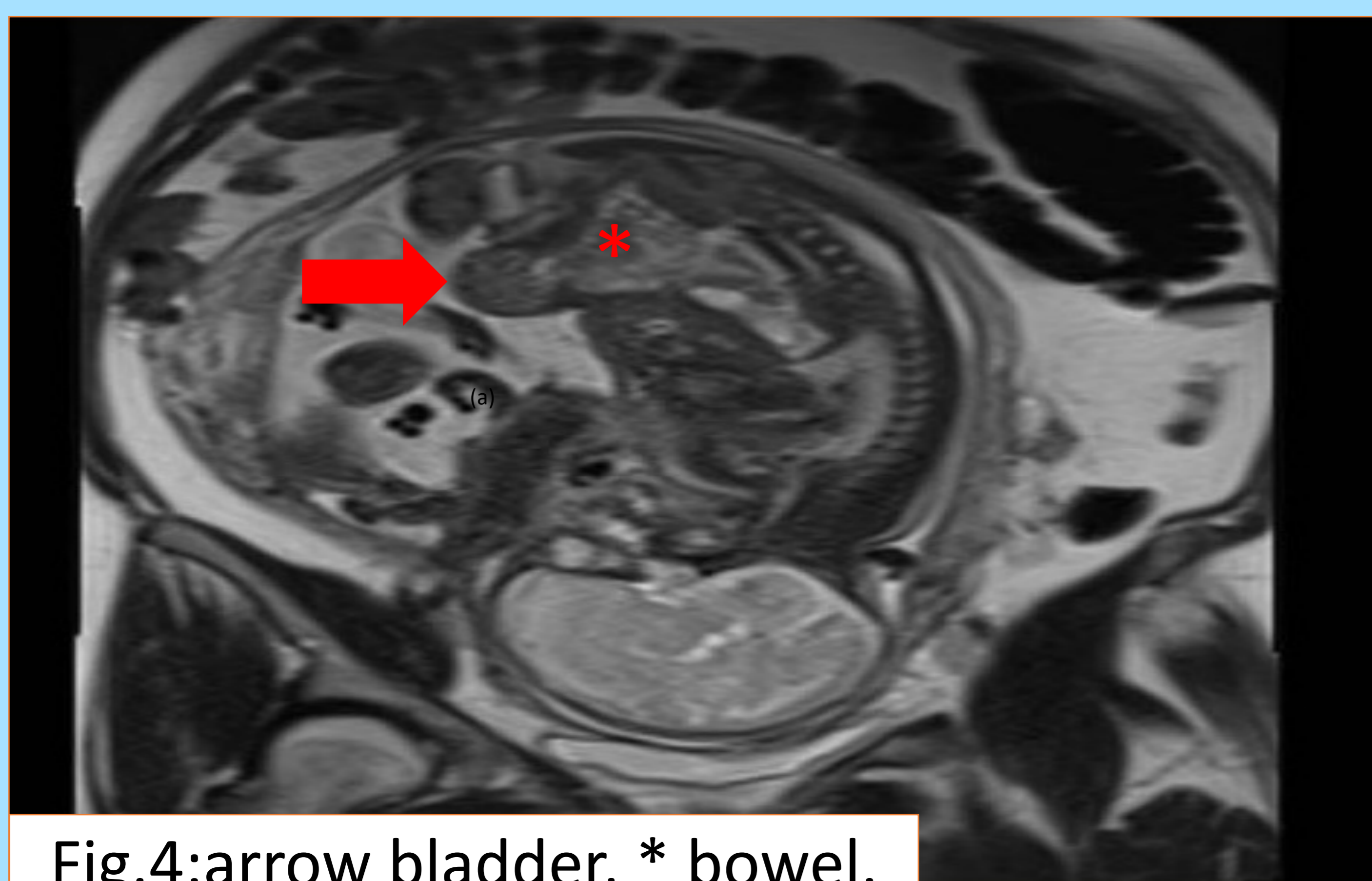


Fig.4:arrow bladder, * bowel.

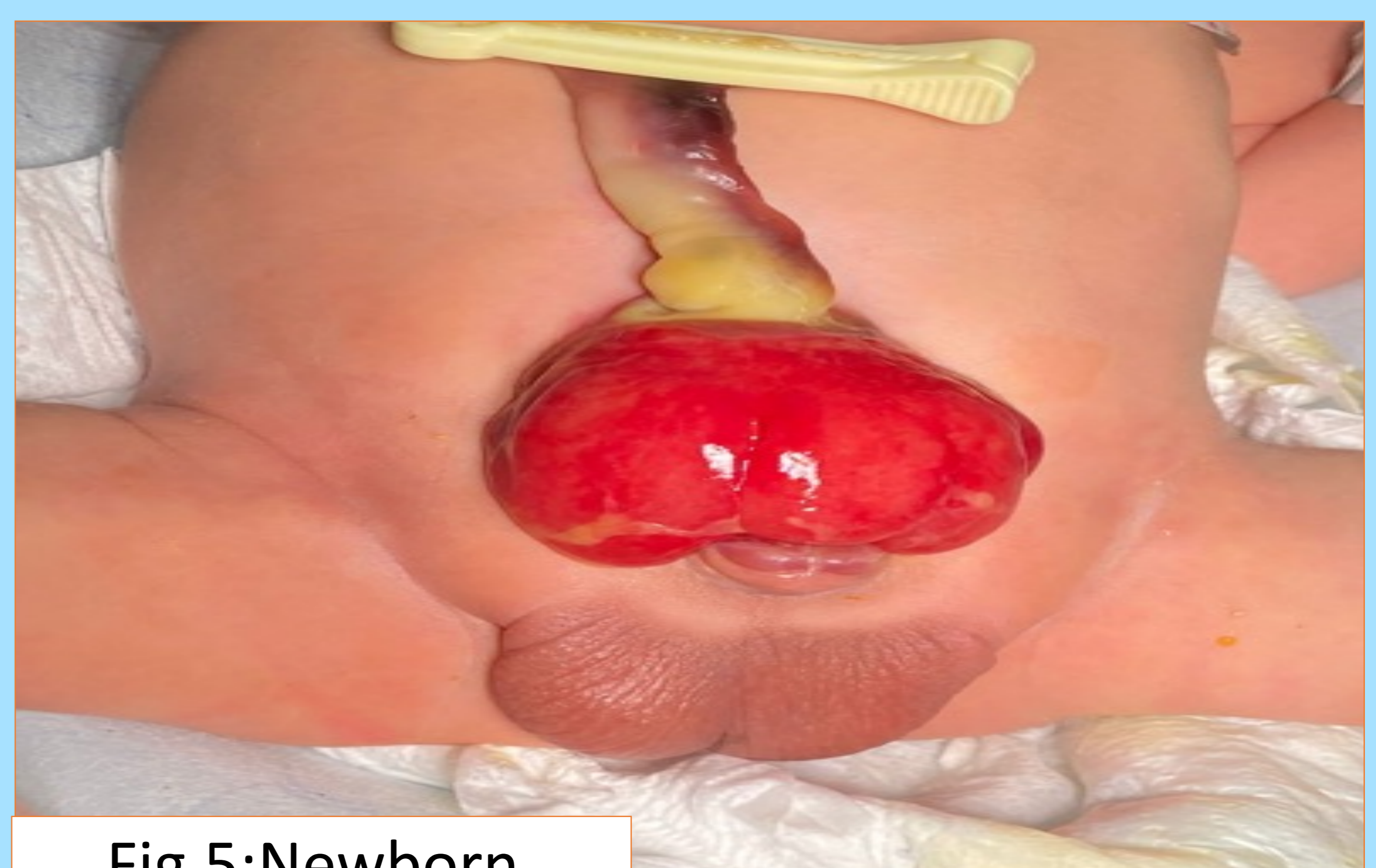


Fig.5:Newborn.

Conclusion: Isolated bladder exstrophy is a rare malformation and the ultrasound examination at the second trimester is able to find signs to identify this condition. Prenatal counseling is necessary to prepare parents for the postnatal reconstructive surgeries.