

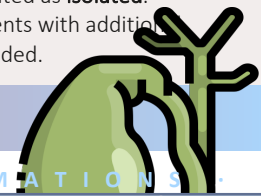
4556 · OUTCOME OF NON-VISUALIZATION OF FETAL GALLBLADDER

A Amaro A, R García R, R García D, D Hernández P, T Benítez D, J Segura G, M De Luis A, I Ortega C
Complejo Hospitalario Universitario Insular Materno Infantil de Canarias

OBJECTIVES · Non-visualization of the fetal gallbladder (NVFGB) in prenatal ultrasound is uncommon and in most cases it is detected eventually. It can be associated with cystic fibrosis (CF) and **biliary atresia**.

METHODS AND MATERIAL · During the study period (2015-2023) we collected cases of NVFGB in the second trimester. Cases with no additional malformations were designated as **isolated**. Further evaluation included follow-up scans and a meticulous search for fetal anomalies. Patients with additional malformations were offered genetic consultation and amniocentesis. CF testing was also included.

RESULTS · **13 cases** of NVFGB were collected, 7 isolated and 6 had additional malformations.



· ISOLATED CASES ·

GA Dx	GB visualized	Karyotype	CF	Outcome	Follow-up
20+5	38 weeks	-	Negative	Normal	7 yrs
21	36+1 weeks	-	Negative	Normal	4 yrs
21	-	-	Negative	GB hypoplasia	4 yrs
21	-	-	Negative	GB hypoplasia	3 yrs
22+2	2 days	-	Negative	Normal	3 yrs
21	-	-	Negative	GB agenesis	1 yr

There were no diagnoses of biliary atresia among cases of isolated NVFGB

CONCLUSION

· When NVFGB is associated with other malformation, the risk of a severe postnatal condition should be considered. A detailed ultrasound scan, a karyotyping test and parents tested for CF gene mutation must be offered. When it is isolated and CF is ruled out, the outcome is good.



· CASES WITH ADDITIONAL MALFORMATIONS ·

GA Dx	GB visualized	Karyotype	CF	Additional malformations	Outcome	Follow-up
20+5	2 days	Normal	Carrier mother	Echogenic bowel	Normal GB at birth. Diagnosed with CF	8 yrs
20+1	2 months	-	-	IUGR	Normal GB at birth, diagnosed with CHARGE syndrome	5 yrs
21	-	Normal	Negative	SUA, polyhydramnios. MRI ruled out esophageal atresia	GB agenesis, esophageal atresia. Good outcome after surgery	3 yrs
20	-	Chr 4 and 22 duplication-deletion	-	PLSVC, dilatation of the renal pelvis, lissencephaly	Termination of pregnancy	-
21+2	2 days	-	-	Mitral-aortic atresia	Normal GB at birth. Died at three months due to her heart disease	3 m
20+3	-	Mutation in GATA6	Negative	Double outlet right ventricle, interrupted aortic arch	GB agenesis. Pancreatic hypoplasia, diabetes congenital heart disease syndrome (Yorifuji Okuno syndrome). Died	3m
21	-	Normal	Negative	PLSVC, hemivértebra, PRUV, IUGR, VSD	GB agenesis	6m