Outcome of fetuses with corpus callosum or cavum septum pellucidum anomalies ID: 4589

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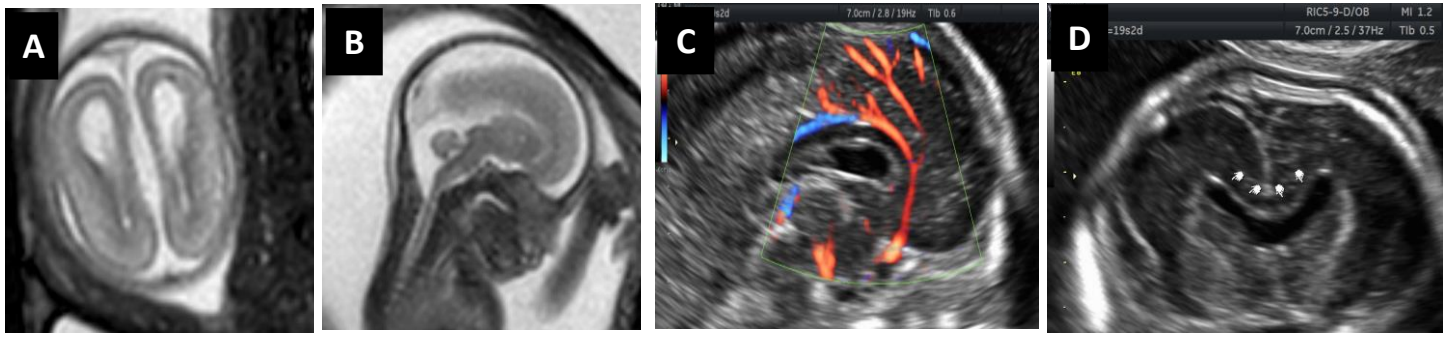
Objective: Study the cases of agenesis/hypoplasia of the corpus callosum (CC) or cavum septum pellucidum (CSP), its associated anomalies and the evolution of the pregnancy

Methods: Retrospective review of data from 2nd-3rd ultrasound scans during the last 5 years (2018-2022) in a tertiary hospital in Madrid, Spain



Diagnosis US and RMI:

A: ACC in RMI (axial view): non-visualization of CSP and colpocefaly
B: ACC in RMI (sagittal view): non-visualization of CC
C: Agenesis CSP in US (sagittal view): normal CC
D: Agenesis CSP in US (coronal view): non-visualization of CC

Conclusion: Most CC/CSP anomalies can be detected before 22 weeks of gestation. Related and non-related CNS anomalies must be ruled out. MRI can confirm the diagnosis and add new information (neuronal migration). Evolution of the newborns depend on associated anomalies.

Results: 10 cases of ACC or ACSP

- Diagnosis: < 22 weeks (except one hypoplasia of CC at 32 weeks of gestation
  - Complete absence of the CC (n:5)
  - Hypoplasia of CC (n: 4)
  - Isolated ACSP (n:1)
- Associated non-CNS malformations: persistence VCSI and dilated coronary sinus (1 case); mild renal ectasia and bilateral club-foot (1 case); left ventricle hypoplasia, aortic hypoplasia, enlarged kidneys and hyperechogenic intestine (1 case) and bone dysplasia (1 case)
- Associated CNS malformations: absence of cavum septum pellucidum (6 cases); mild ventriculomegaly and cerebellar hypoplasia (2 cases); and brachycephaly (1 case)
- MRI (n:6): confirmed US. Additional information: delay in neuronal migration (n:2)
- Karyotype + arrays: normal (n: 8, 88.8%), trisomy 13 (n:1)
- TORCH infection: no
- Evolution of pregnancy:
  - TOP (n:6), one died intrauterus (25 weeks)
  - Continued pregnancy (n:3): Polyhydramnios in 3rd trimester (n:2). Vaginal delivery (n:2) or caesarean section (n:1) for non-progression of labour