The Fetal Medicine Foundation

EARLY DETECTION OF BODY STALK ANOMALY IN A 13-WEEK PREGNANCY: CLINICAL IMPLICATIONS AND DECISION-MAKING

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ID: 7350

OBJECTIVE

The objective of this clinical case is to describe a rare manifestation of Body Stalk Anomaly (BSA) in a 13-week pregnancy, in which ultrasound findings compatible with this condition were identified. Additionally, it aims to analyze the main associated factors, differential diagnoses, and clinical management implications.

METHOD

An exhaustive bibliographic search was conducted in the major medical databases (PubMed, Scopus, Embase, and Cochrane Library) up to the year 2025. The key terms used were: body stalk anomaly, BSA, gastroschisis, ectopia cordis, fetal ultrasonography, congenital malformations, and prenatal diagnosis. Original articles, reviews, and relevant clinical case reports were included.

RESULTS

A 41-year-old primigravida presented for the initiation of prenatal care. Notable medical history includes being a carrier of high-risk HPV with normal colposcopy results. Upon performing a first-trimester ultrasound at 13+2 weeks, a fibroid uterus was observed: Intramural type G4 FIGO in the fundus measuring 16 mm, Intramural type G4vFIGO in the fundus-posterior measuring 11 mm, and Subserosal type G6vFIGO on the posterior wall measuring 14 mm.

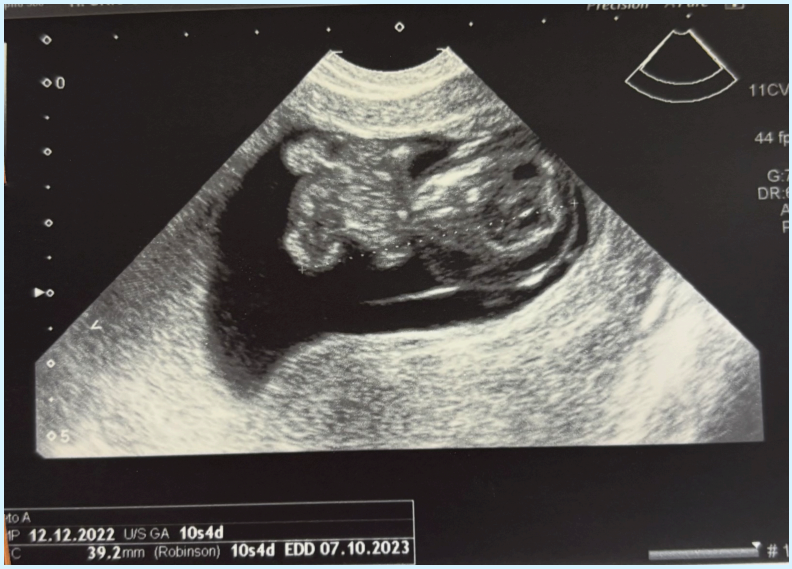
Additionally, a single fetus with spontaneous active movements and a normal fetal heartbeat was visualized. The fetal biometrics were: crown-rump length: 39.2 mm, corresponding to a gestational age of 10+4 weeks. Nuchal translucency: 6.4 mm. The anatomical configuration of the fetus was abnormal with absent nasal bone, generalized subcutaneous edema, and ectopia cordis with an apparent lower thoracic defect. The four-chamber view of the heart was normal, with symmetrical ventricles and atria. The pulmonary artery and aorta were crossed and well- related. The heart rate was regular and stable with a normal frequency. Moreover, a large anterior abdominal wall defect with gastroschisis was found, with complete herniation of the hepatic and gastric areas. The umbilical cord appeared short with a single umbilical artery, and a marked kyphoscoliosis was also observed. All of these findings were compatible with body stalk anomaly not associated with chromosomal abnormalities.

After being informed of the findings, the patient and her partner decided to voluntarily terminate the pregnancy without conducting subsequent studies of the abortus remains or chromosomal analysis.

In the post-interruption follow-up, everything was within normal limits.

CONCLUSION

Body stalk anomaly is a rare and severe congenital malformation that can present either in isolation or in combination with other anomalies. This condition is commonly associated with high fetal mortality and a poor prognosis. Therefore, early identification through ultrasound and the ethical and clinical decision-making based on the individual patient's context are crucial for managing such diagnoses.



Wu Y, Zhou Q, Guo Z, et al. Body stalk anomaly: A review of 19 cases. *Ultrasound Obstet Gynecol*. 2022;59(4):541-548.

Daskalakis G, Antsaklis A, Kafali H, et al. Body stalk anomaly: an update on prenatal diagnosis and management. *J Perinat Med*. 2021;49(3):245-251.

Odibo AO, Akinola O, Johnson MS. Case report: Body stalk anomaly with associated gastroschisis and ectopia cordis. *Prenat Diagn*. 2021;41(9):1167-1170.

Medhi B, Tiwari A, Sharma S, et al. Body stalk anomaly associated with multiple malformations: A case series and literature review. *Int J Reprod Contracept Obstet Gynecol*. 2023;12(5):1153- 1159.