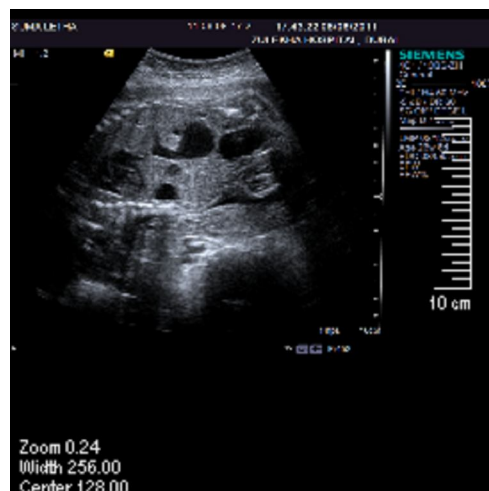


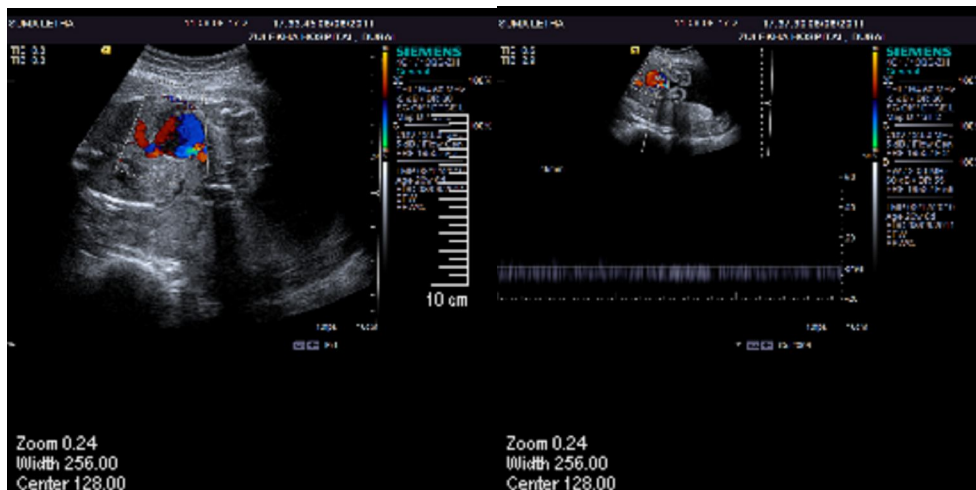
There was an ISOLATED clear cyst measuring 2.6 cms in diameter seen in the right side of the fetal abdomen which was extra-hepatic and in continuity with the umbilical vessels .



The other differential diagnosis that could be considered was

1. Normal gall bladder
2. Choledochal cyst
3. Enteric duplication cyst (has visible bowel walls with internal secretions)
4. Omental cyst
5. Ovarian cyst
6. Meconium pseudocyst (have calcification in their walls)
7. Mesenteric cysts (found in the midline and a loop of bowel will be seen to be coursing through the cyst)
8. Meckel's diverticular cyst (found on the right side of the abdomen)
9. Urachal cyst

Colour Doppler showed complete filling of the lesion revealing the vascular nature of the lesion . Spectral Doppler waveform within the cyst showed umbilical venous flow . These findings confirmed it to be an Intra-abdominal umbilical vein varix. There was no evidence of cardiac failure or hydrops .



DISCUSSION :

The extra-hepatic , intra-abdominal portion of the umbilical vein has the weakest supporting structure of any part of the umbilical circulation., therefore any condition that increases venous pressure could dilate the umbilical vein and so the common association with cardiomegaly and subsequent hydrops.

1. Look for vascular malformations at other sites in the fetus.
2. Look for other structural malformations
3. Evidence of cardiac failure and non-immune hydrops.
4. Intra-uterine growth restriction common.
5. May be associated with aneuploidies and syndromes.
6. Earlier diagnosis in the second trimester might be a poor prognostic factor.
7. Follow up for growth of the fetus , size of the varix and hydrops is necessary.
8. The course of an umbilical vein varix is unpredictable with a high mortality rate (reported to be 22 to 24 %)
9. Reasons for fetal demise are a) thrombosis of the varix and b) and in an intra-amniotic extra-abdominal varix there may be haemorrhage through the amniotic sheath leading to fetal exsanguination and death.
10. Close monitoring of the fetus especially for blood flow within the varix .
11. Early delivery at 34 weeks may be indicated to prevent sudden fetal loss as may happen in these cases.
12. Post-natally , the varix usually undergoes obliterative changes with the collapse and close down of the umbilical circulation. Embolization of the varix can be considered if necessary where such expertise is available.