

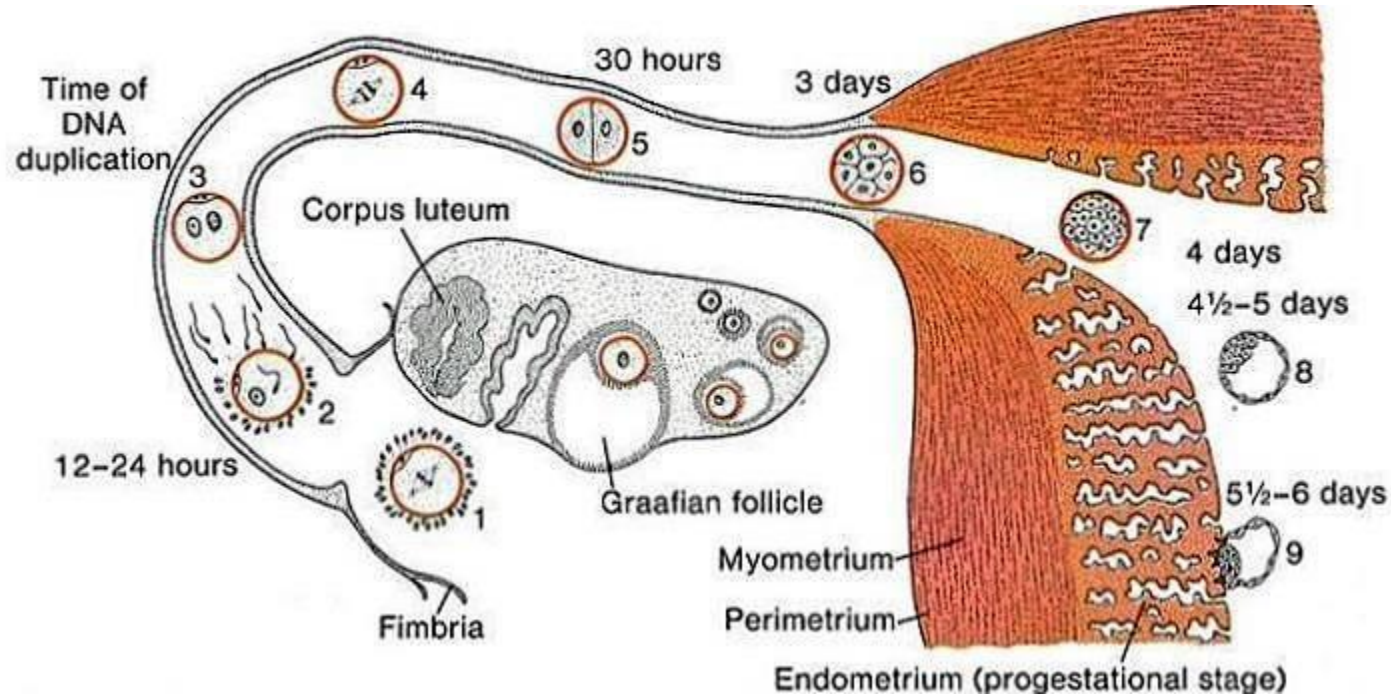
Assessing normal and abnormal pregnancy from 4-10 weeks

Monique Haak

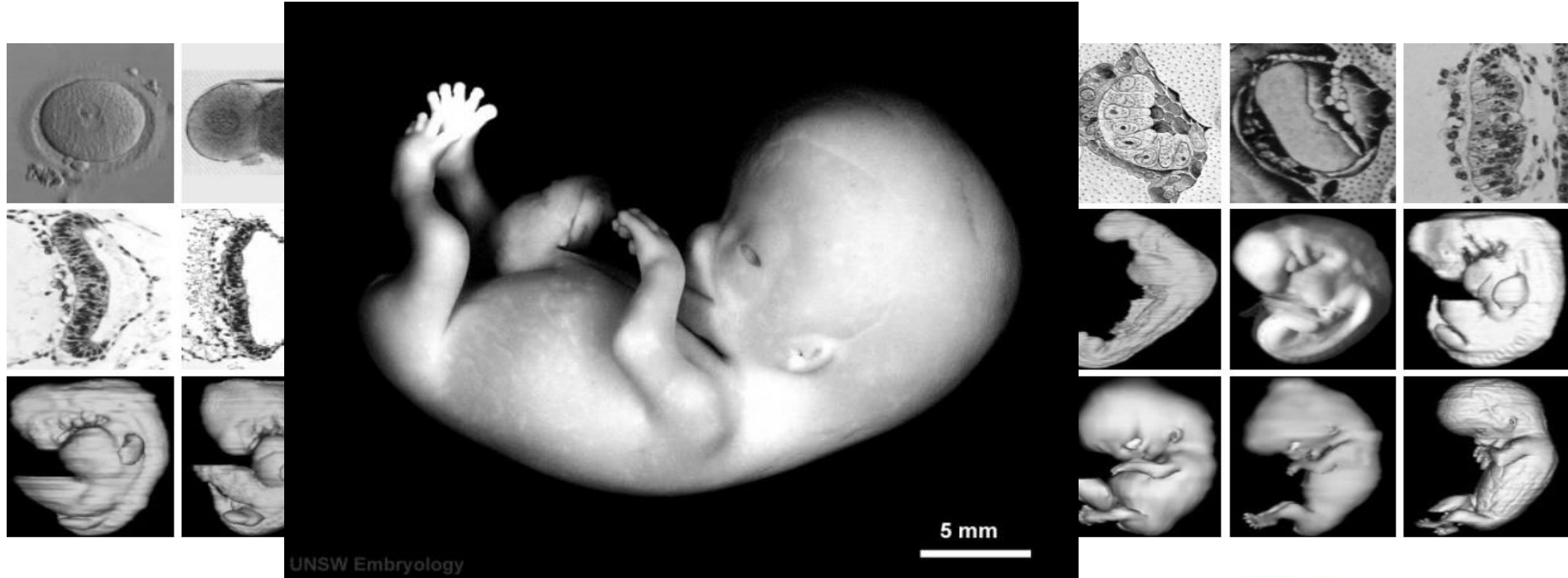
Goals 4-10 week assessment by US

- Normal appearance gestational sac (GS), yolk sac (YS) and embryo
- Assessment of mean sac diameter (MSD) and CRL
- Viability criteria and terminology in non-viable pregnancy
- Recognition of ectopics, principles of pregnancy of unknown location (PUL)
- Role hCG and management of PUL
- Molar pregnancy

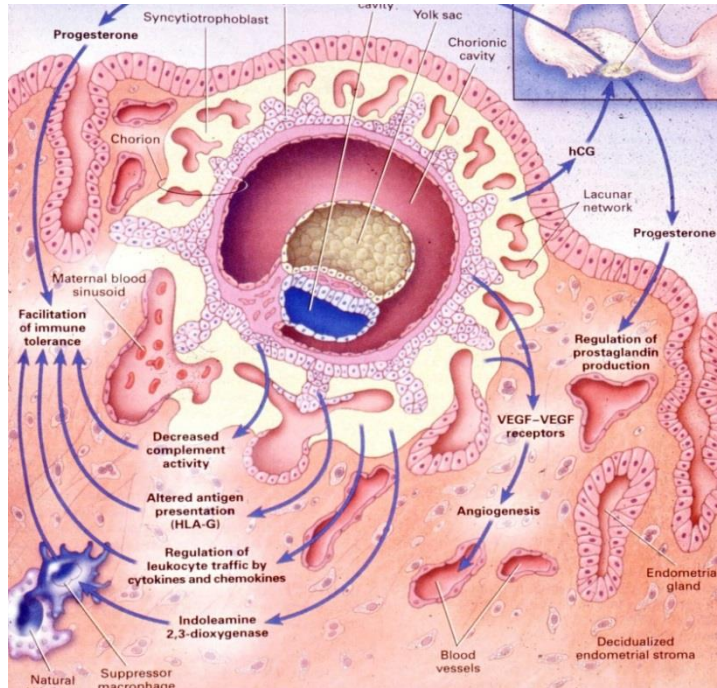
Conception and implantation



Embryo from 0-8 weeks



Implantation-> gestational sac

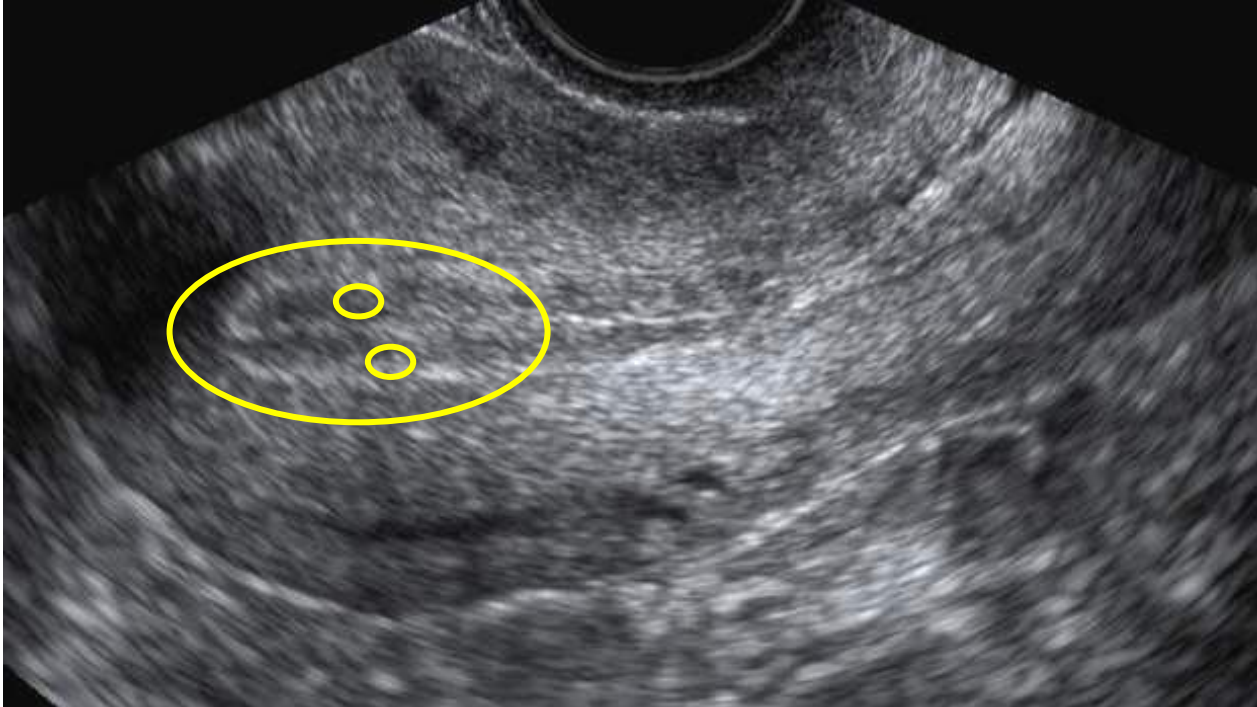


1st evidence pregnancy on ultrasound; completely embedded blastocyst 14 d post conception

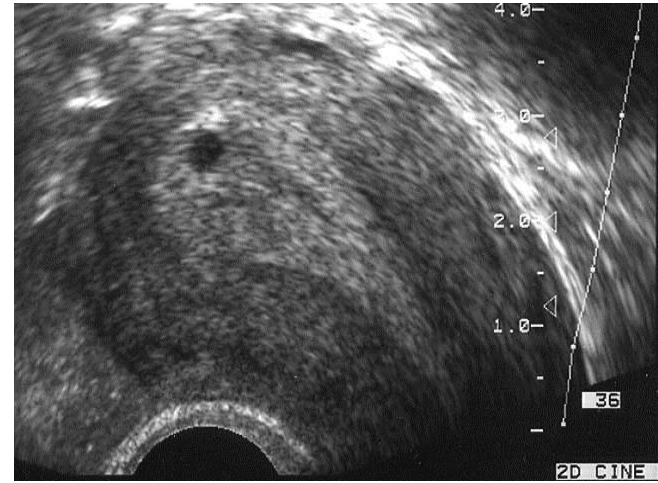
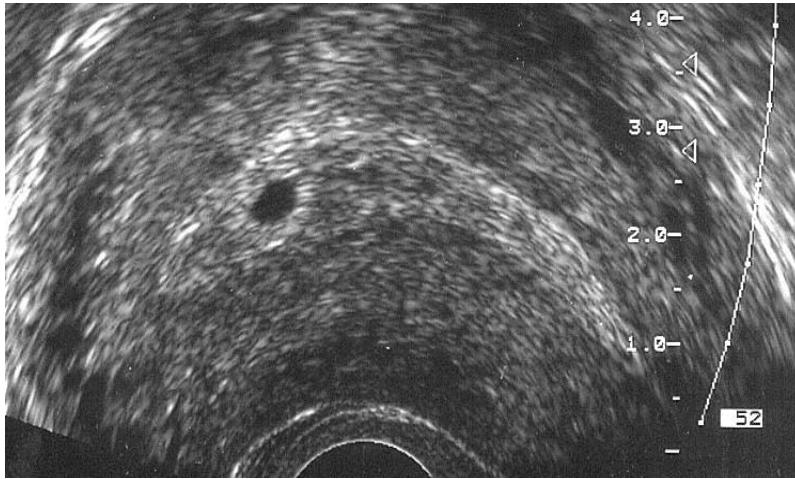
Gestational sac

- Small, round fluid collection inside uterine cavity
- Normally positioned in mid-to upper uterine cavity
- Surrounded by a **hyperechogenic** rim
- Visible at approximately 4 weeks gestation
- Beware of difference in gestational age and embryo age

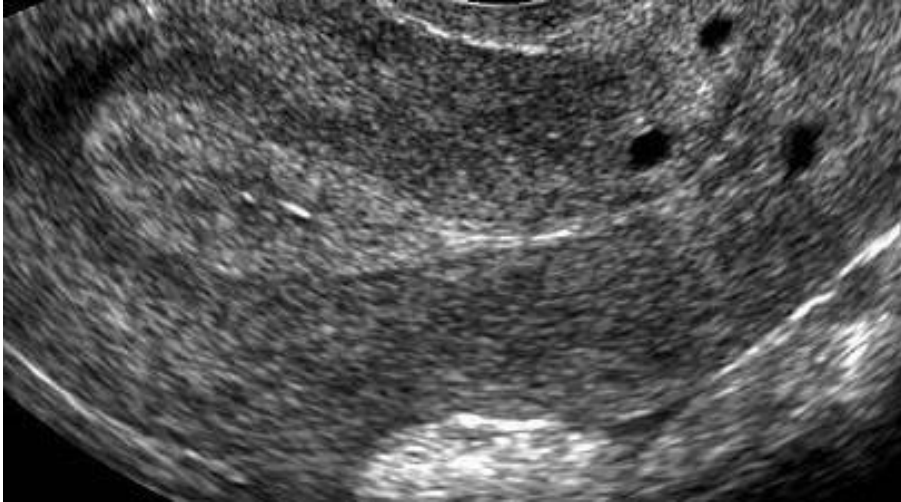
Location of gestational sac within upper half of uterus



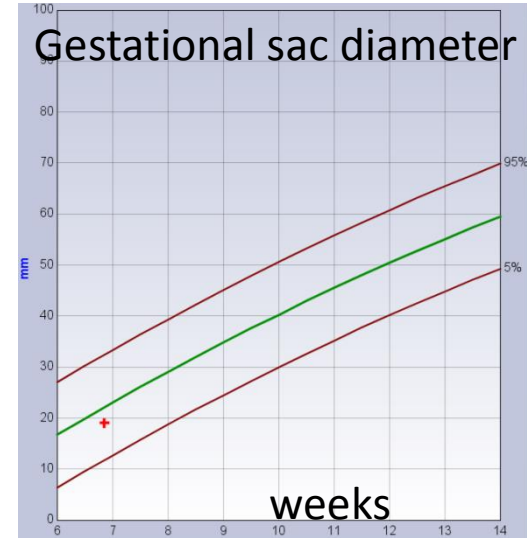
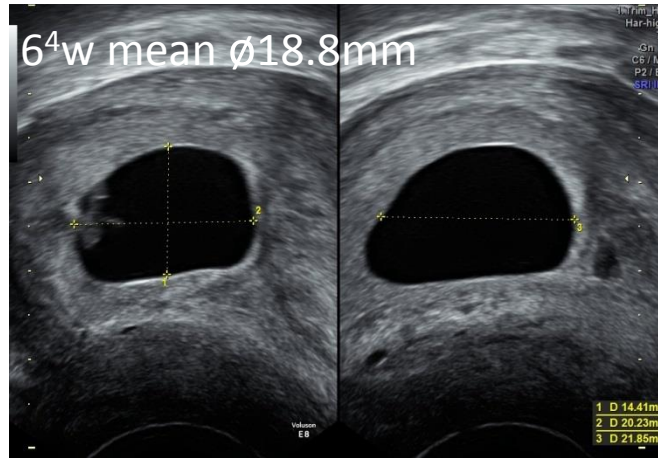
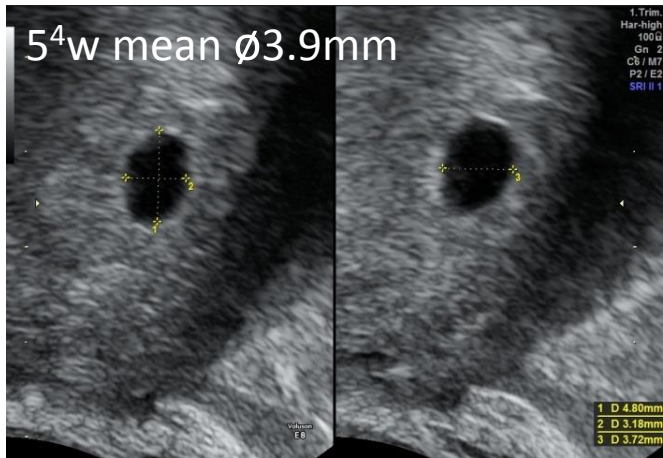
4⁰ weeks - 2 mm



?



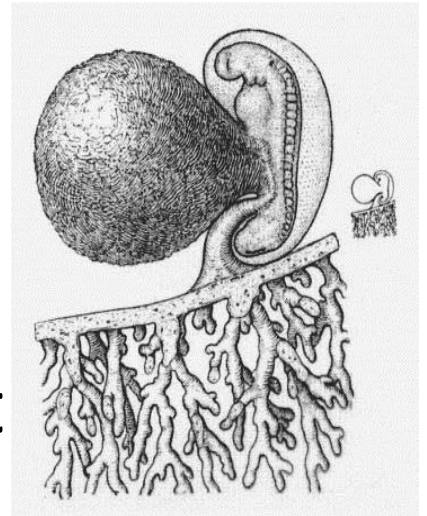
Gestational sac measurement



Mean of 3 orthogonal planes
Growth in early pregnancy 1mm/day

Yolk sac

- First structure identified within gestational sac
- Confirms intra uterine pregnancy, 100% PPV
- Spherical in shape
- Echogenic periphery
- Sonolucent center
- Attaches to embryo by vitelline duct

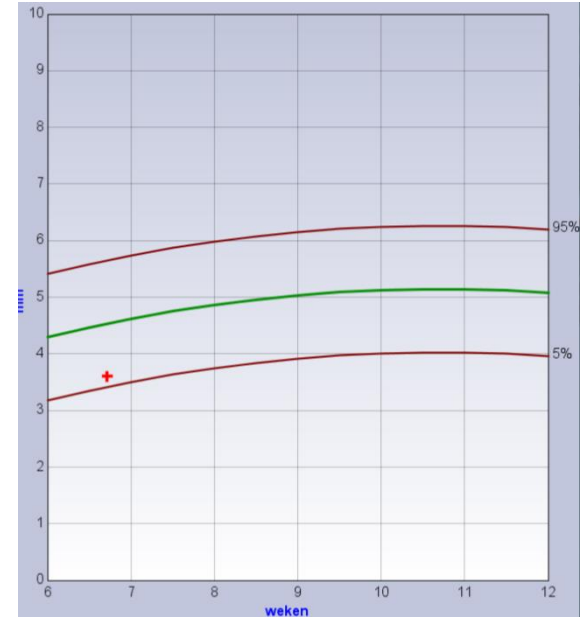
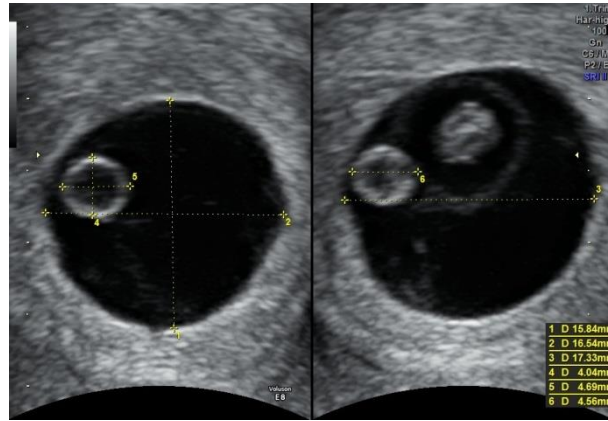
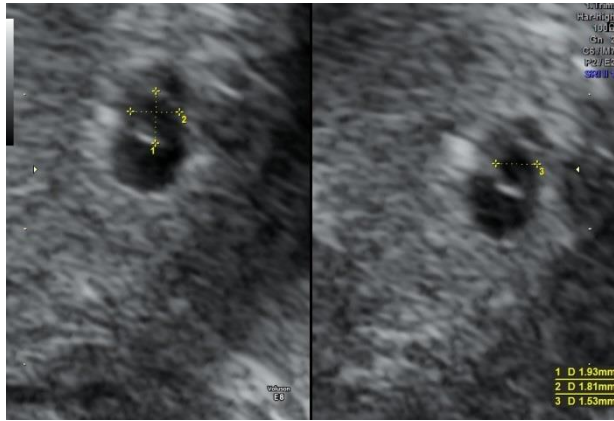


Yolk sac



- Imaged ~ 5 - 5.5 w
- Imaged when MSD ~ 5-6 mm
- Imaged 3-5 d prior to embryo
- Diameter peaks at 6 mm at 10 w, then decreases
- Usually not visible after first trimester
- Number of yolk sacs usually equals number of amnions

Yolk sac 5⁰ and 7⁴ weeks



Yolk sac in multiple pregnancy



Dichorionic diamniotic



Monozygotic diamniotic



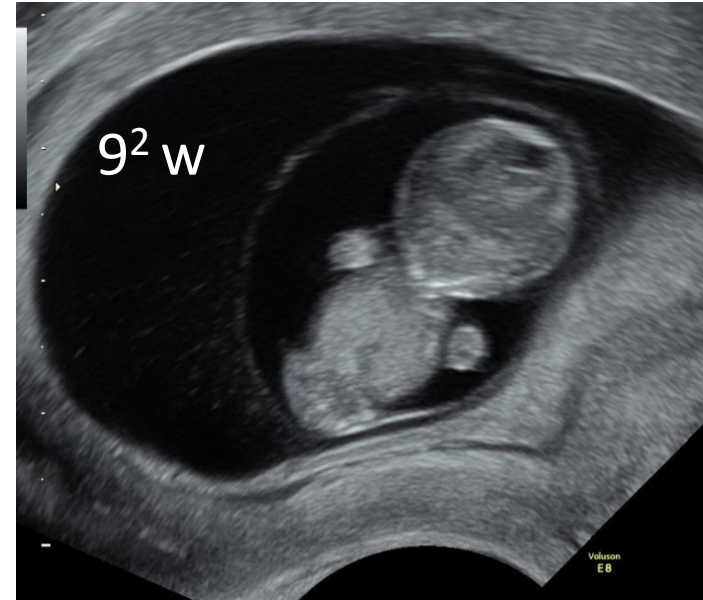
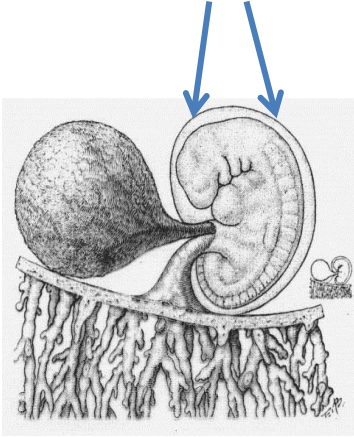
Monozygotic monoamniotic

Amnion

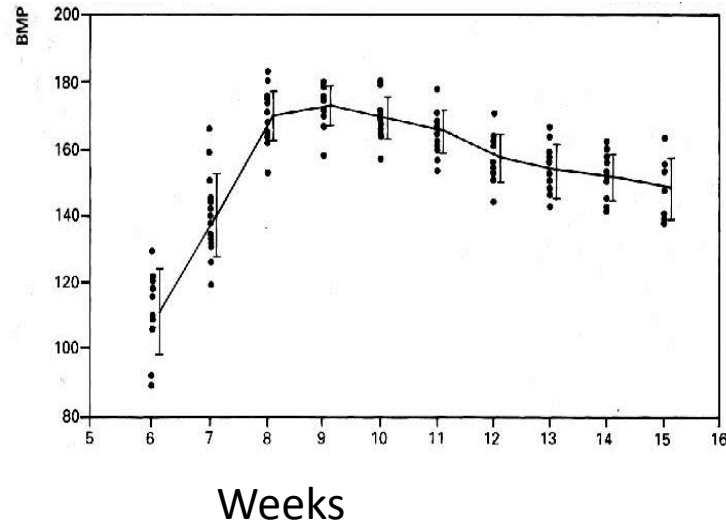
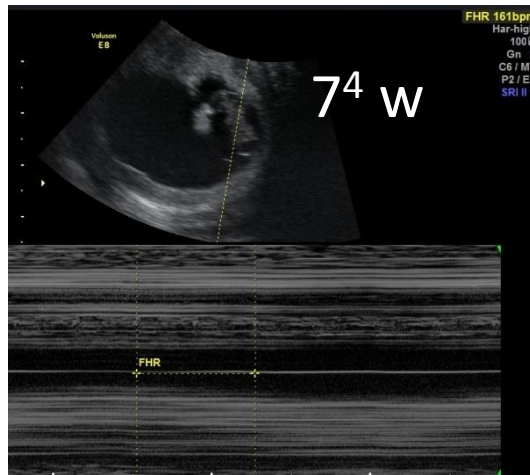
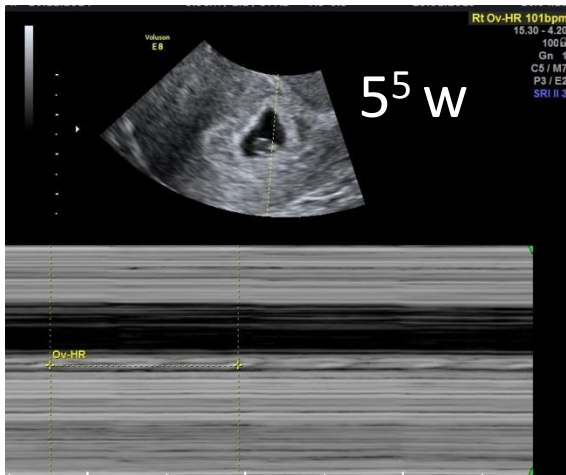
- First seen ~ 5.5 w – small membraneous structure continuous with the embryo
- Contains clear fluid
- Separates the embryo and amniotic space from the extraembryonic coelom
- Obliterates the coelomic cavity by 12-16 weeks

Amnion

Amnion



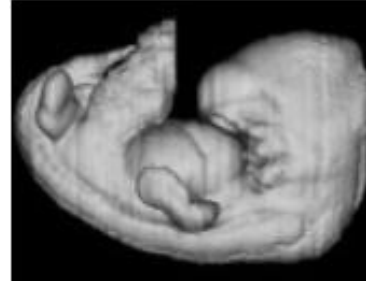
Heartbeat use M-mode



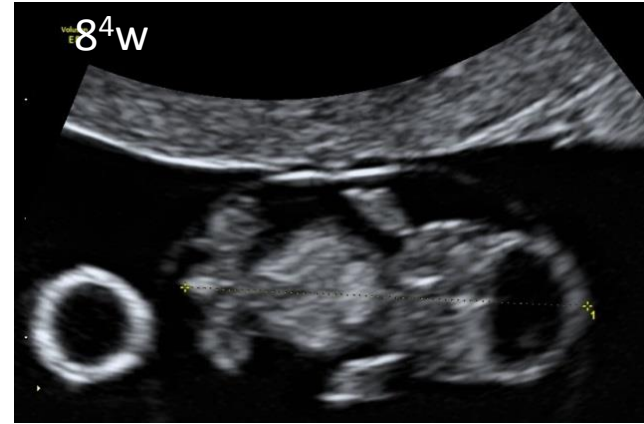
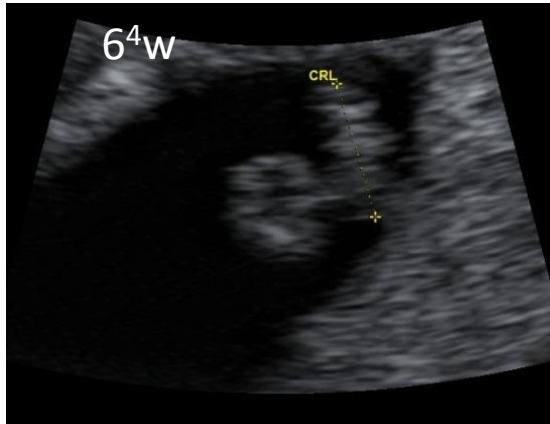
Heartbeat visible from CRL > 2-4 mm
Rapid frequency ↑ 5-9 weeks
Use M-mode

Crown Rump Length (CRL)

- ISUOG guideline
- Midline sagittal section of whole fetus
- Ideal orientation horizontally
- Magnification fill most of width of screen
- Fetus in neutral position
- Amniotic fluid between chin and chest
- Endpoints clearly defined



Embryo 6-8 weeks



9⁴ weeks



10 weeks



Practical rules early pregnancy

	Transvaginal ultrasound		Abdominal ultrasound	
	Gestational age	Measurement	Gestational age	Measurement
GS	4 ⁰	2 mm	5 ⁰	10 mm
YS	5 ⁰	2 mm	6 ⁰	3 mm
Heartbeat	5 ⁴	70 bpm	6 ⁴	110 bpm
CRL	5 ³	3 mm	6 ³	6 mm
Movement	7 ⁰		7 ⁰	

CRL in cm + 6,5 = GA in weeks

Pain & blood loss in early pregnancy

Event	Frequency
Pain & vaginal bleeding	1:5 pregnant women
Blood loss	50% continue into normal pregnancy
50 % remaining blood loss	Non viable, of which 10—15% ectopic pregnancy

Pain in early pregnancy late symptom!!

Obstetric cause:

Miscarriage, ectopic, haemorrhage ruptured corpus luteum cyst, ovarian torsion

Non-obstetric cause:

Cystitis, appendicitis, ureteric stones, constipation



Terminology early pregnancy events 1

Terminology	Comment
Viable	Results in liveborn baby
Nonviable	Cannot result in liveborn baby (failed intrauterine pregnancy, ectopic pregnancy)
Intrauterine pregnancy uncertain viability	TV ultrasound - intrauterine GS, no heartbeat
Empty sac	GS: absent structures, minimal debris, no heartbeat
Human chorionic gonadotropin	Positive serum pregnancy test serum hCG > 5 IU/mL

Terminology early pregnancy events 2

Terminology	Ultrasound findings
Fetal loss	Previous CRL and heartbeat followed by loss of heartbeat
Delayed miscarriage/early pregnancy loss	US intrauterine pregnancy: reproducible loss heart activity, failure increase CRL over 1 w or persisting empty sac at < 12 w
Ectopic pregnancy	+ blood/urine hCG, gestational sac outside uterus
Heterotopic pregnancy	Intrauterine + ectopic pregnancy
Pregnancy of unknown location (PUL)	No identifiable pregnancy on US with + blood/urine hCG

Guideline TV US intrauterine pregnancy failure and uncertain viability

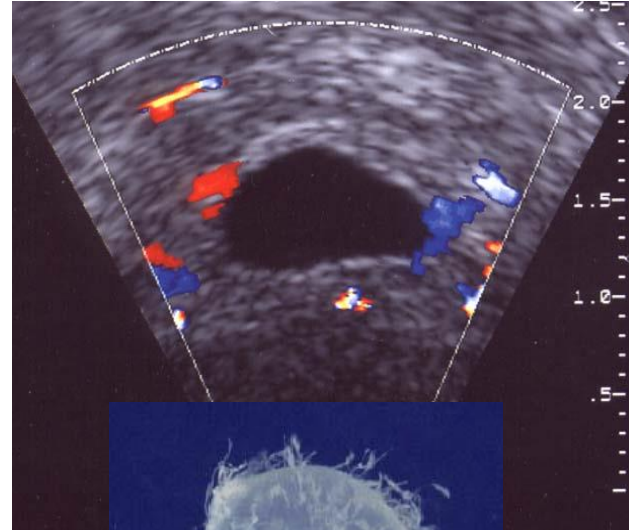
Diagnostic for pregnancy failure	Suspicious / not diagnostic pregnancy failure
CRL \geq 7 mm no heartbeat	CRL < 7mm no heartbeat
Mean GS \emptyset 25 mm no embryo	Mean GS \emptyset 16-24 mm no embryo
Absence embryo with heartbeat \geq 2 wk after scan GS without YS	Absence embryo with heartbeat \geq 7-13days after scan GS without YS
Absence embryo with heartbeat \geq 11 days after scan GS with YS	Absence embryo with heartbeat 7-10 days after scan GS with YS
	Absence embryo \geq 6 wks after LMP
If viability in doubt rescan after 1 week	Empty amnion adjacent to YS no embryo
	Enlarged YS > 7mm
Doubilet et al NEJM 2013;369:1443-51	Small GS in relation to size of embryo (< 5 mm difference between mean GS \emptyset and CRL

Early pregnancy: Vitality

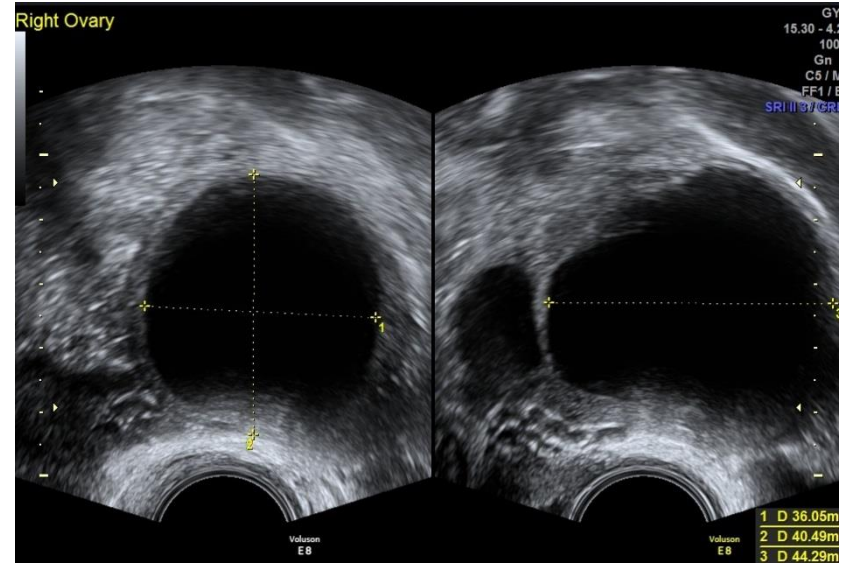
Normal



Abnormal

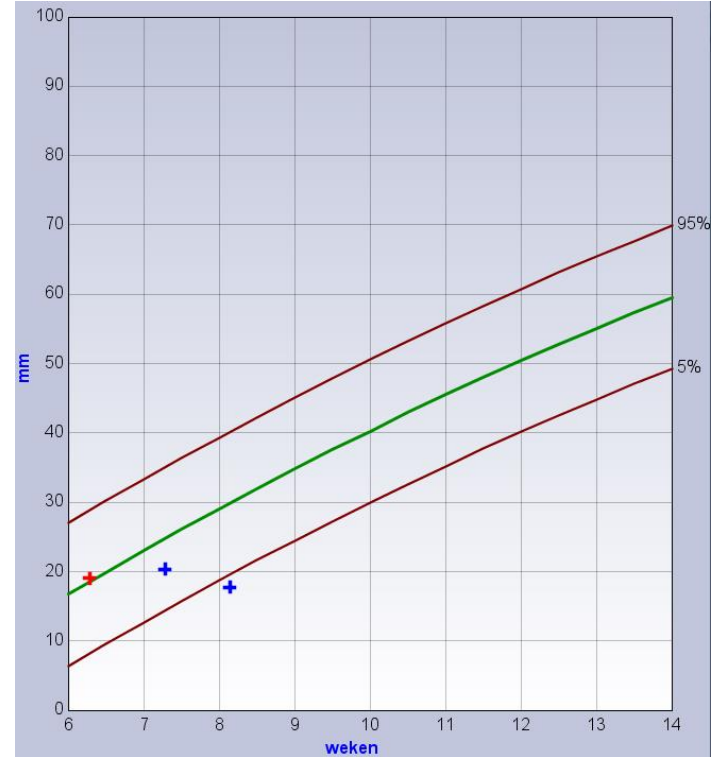
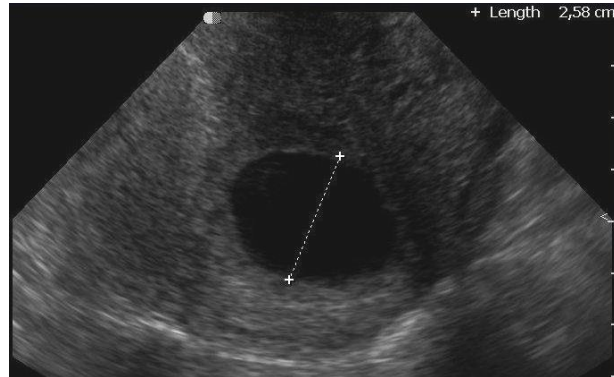
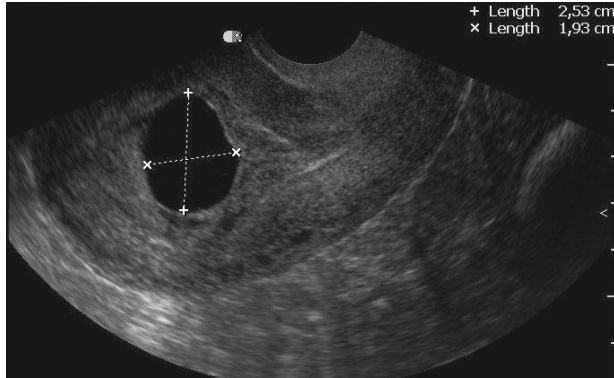


Uncertain viability 6² weeks

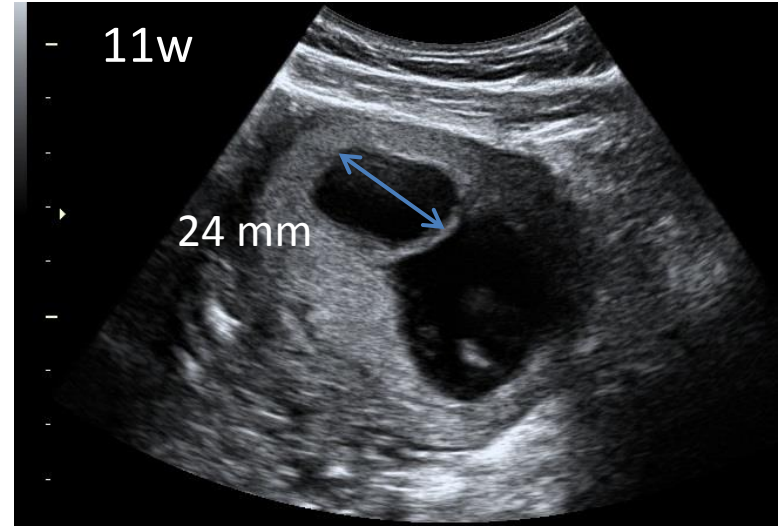
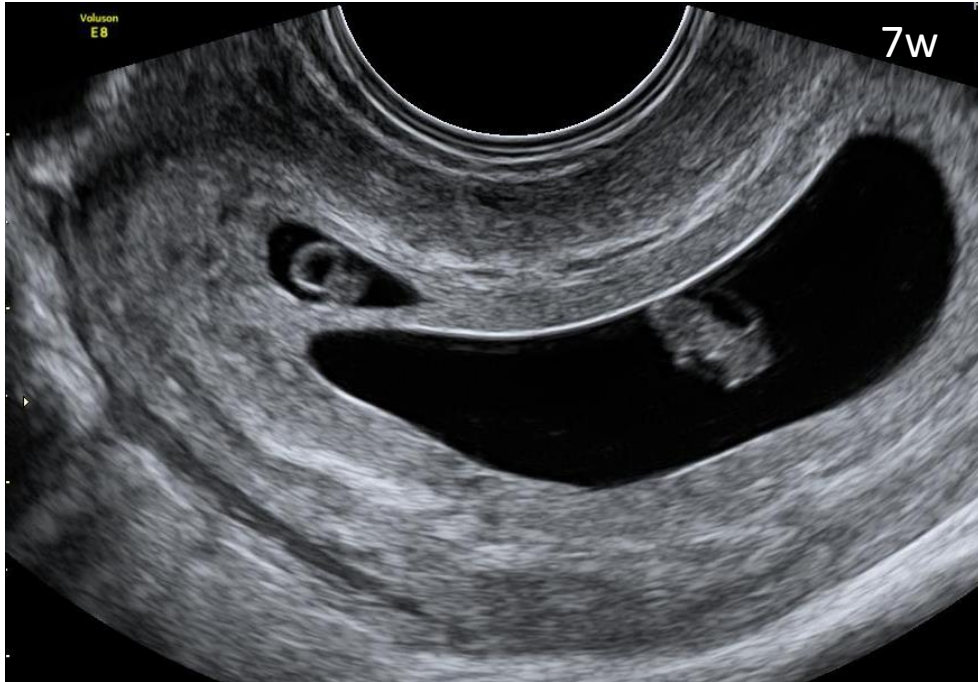


GS and YS, no heartbeat
Repeat scan 1 week

Gestational sac: failing pregnancy



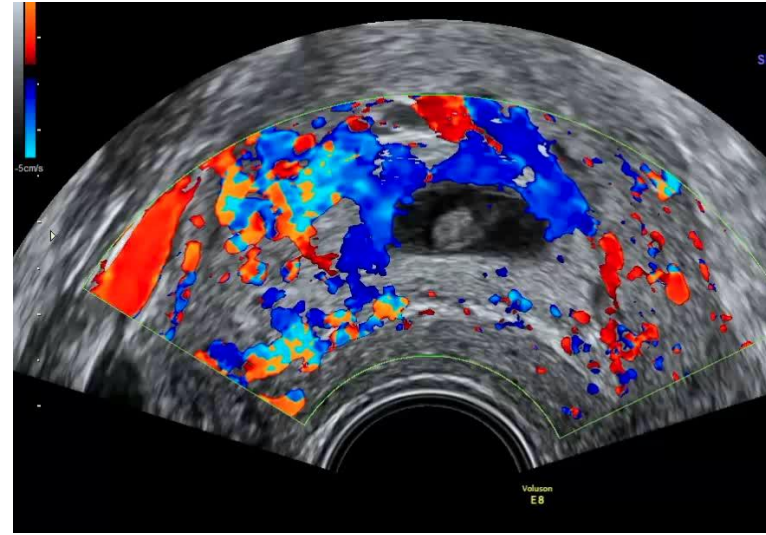
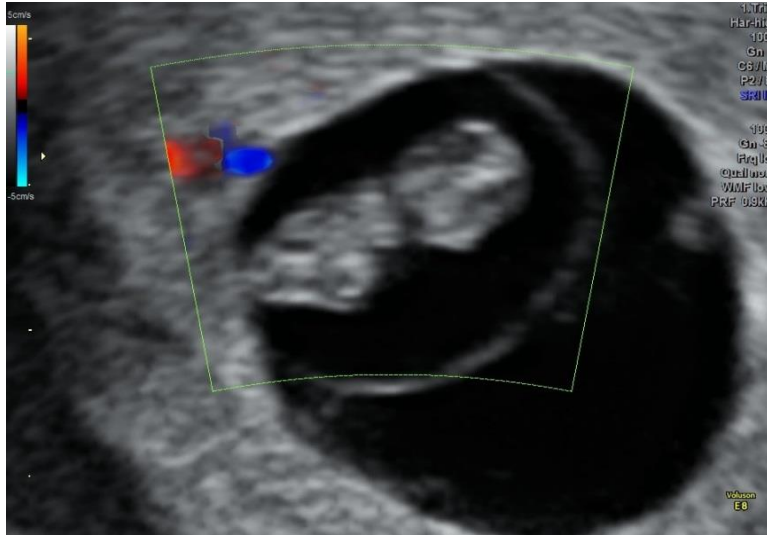
Twin pregnancy with vanishing twin



Haematoma



Miscarriage



8 weeks no heartbeat

Ectopic pregnancy

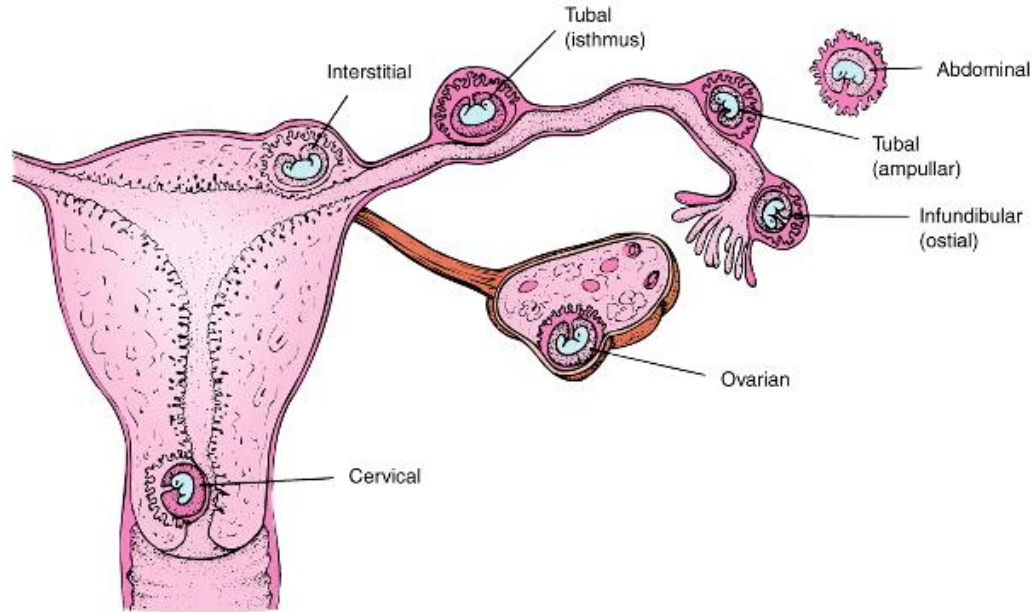
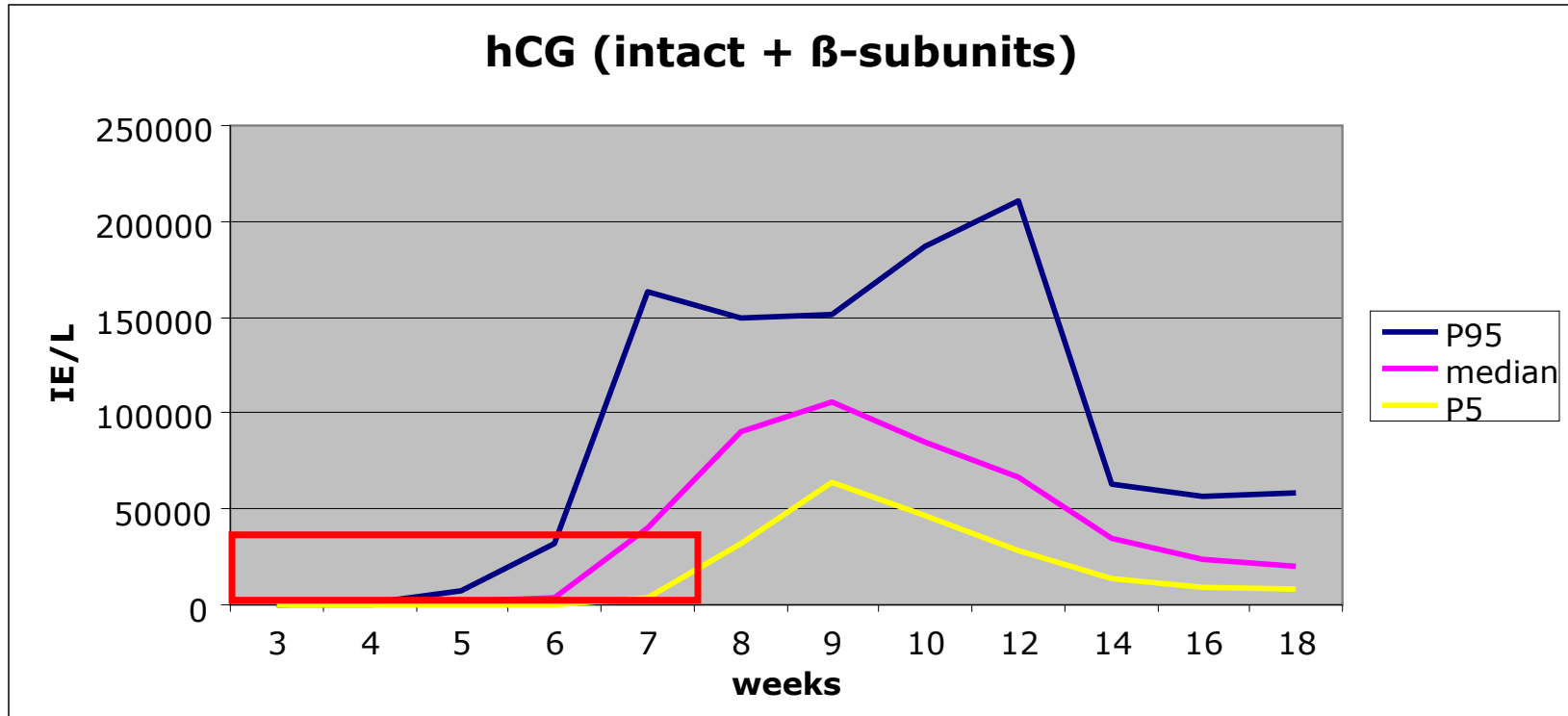


Figure 46-9 Sites of ectopic pregnancy.

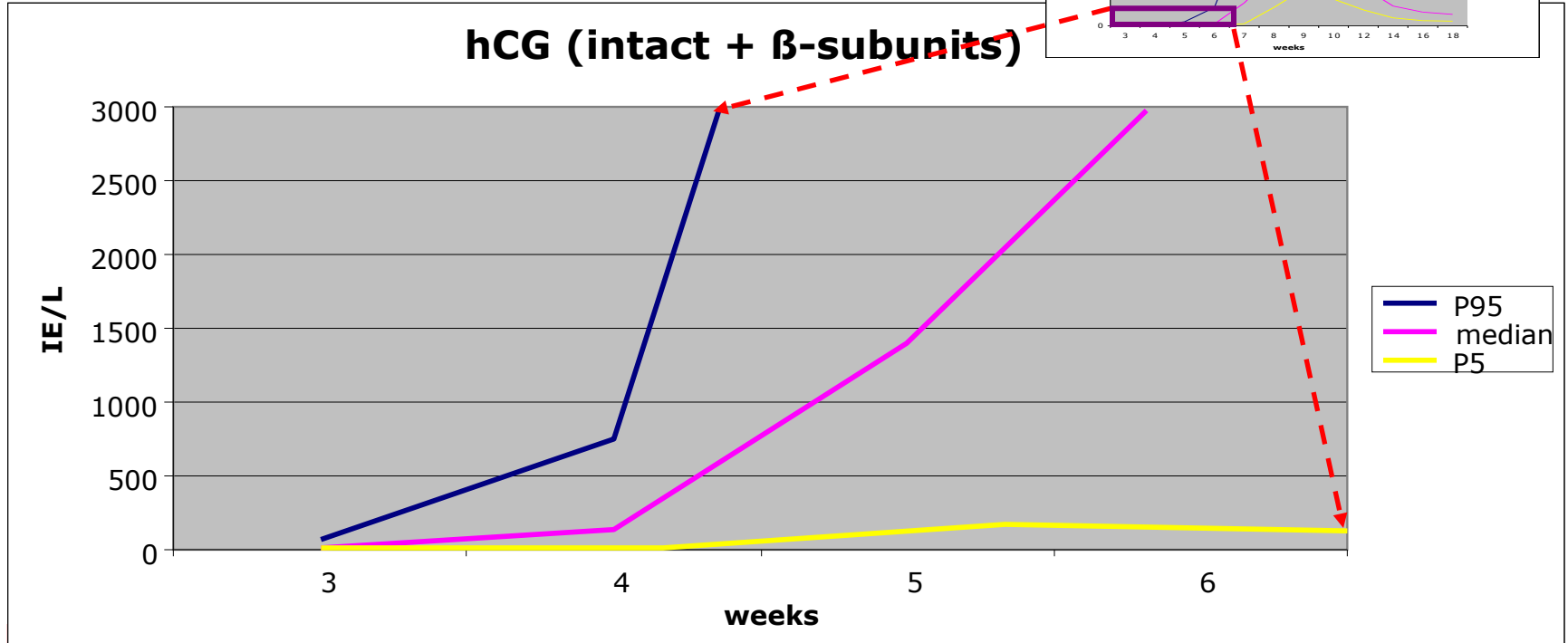
Copyright © 2004 Lippincott Williams & Wilkins.

Early pregnancy: normal values of hCG

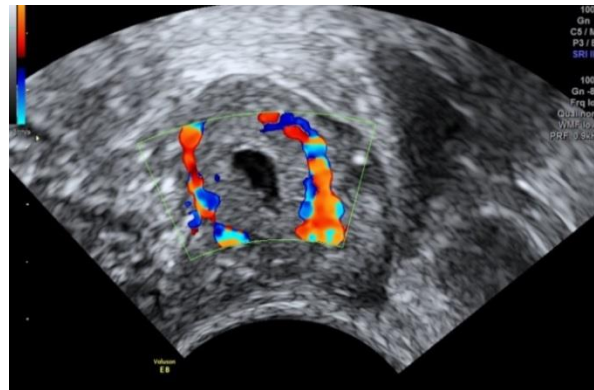
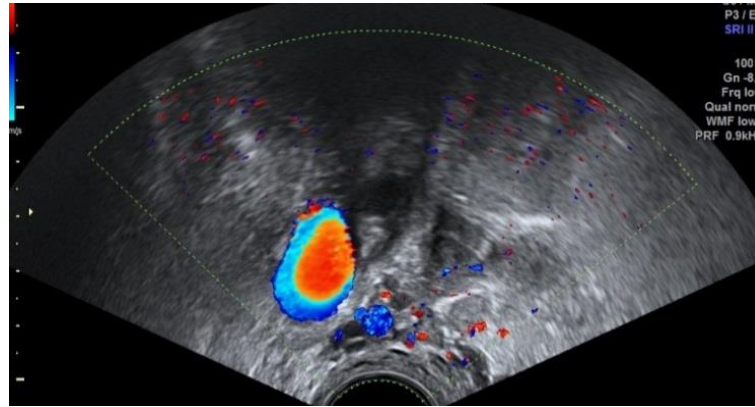
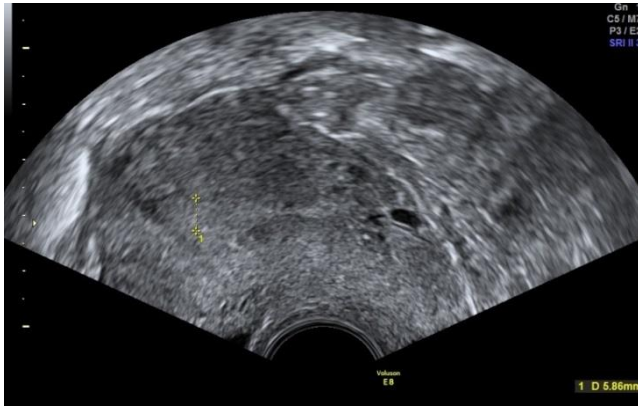


Early pregnancy: normal values of hCG

Gestational sac visible at 1800 MIU/ml

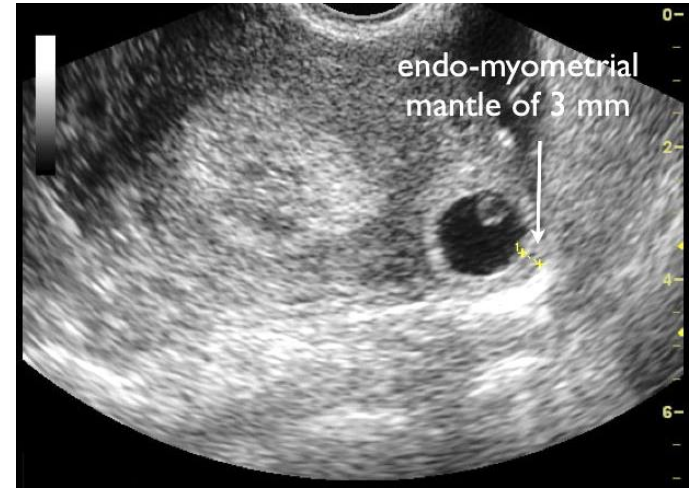
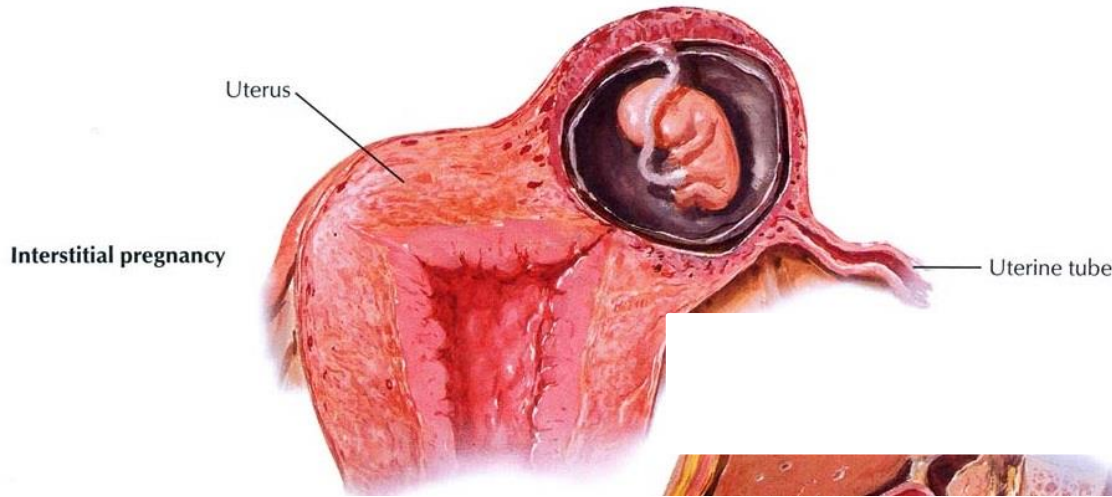


Ectopic right fallopian tube



LMP 8 weeks

Interstitial pregnancy



Cervical ectopic pregnancy

Gestational sac in lower segment in cervical canal



Gestational sac in lower segment - in cs scar



Heterotopic pregnancy

Prevalence heterotopic pregnancy

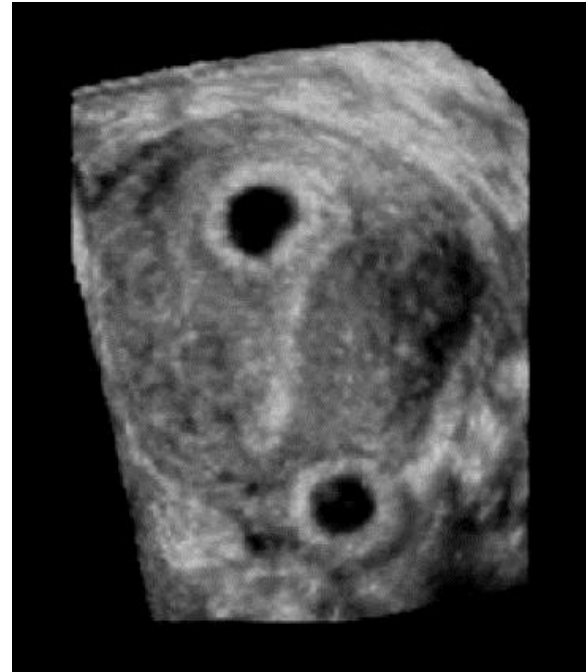
Spontaneous pregnancy 1:30,000

ART pregnancy 1:100-500



Intrauterine

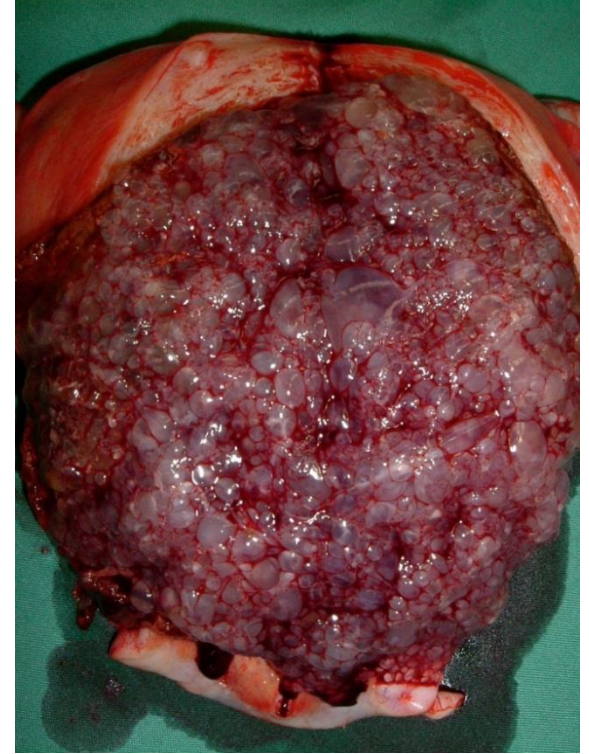
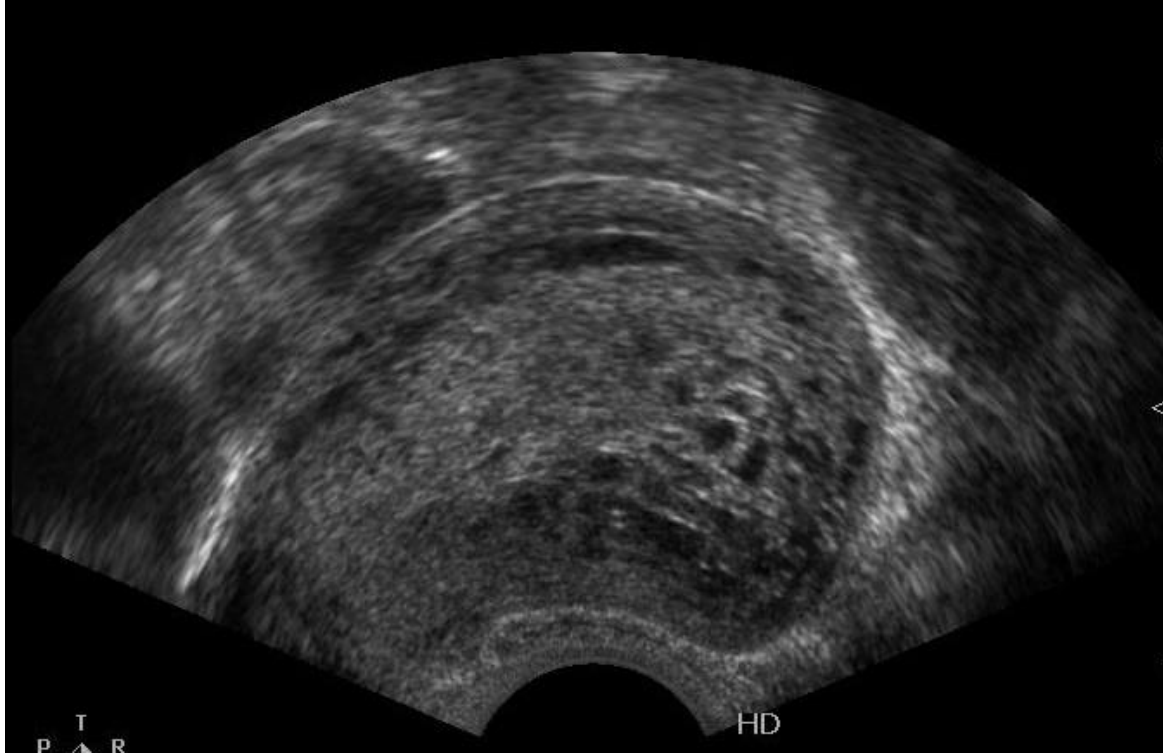
Ectopic



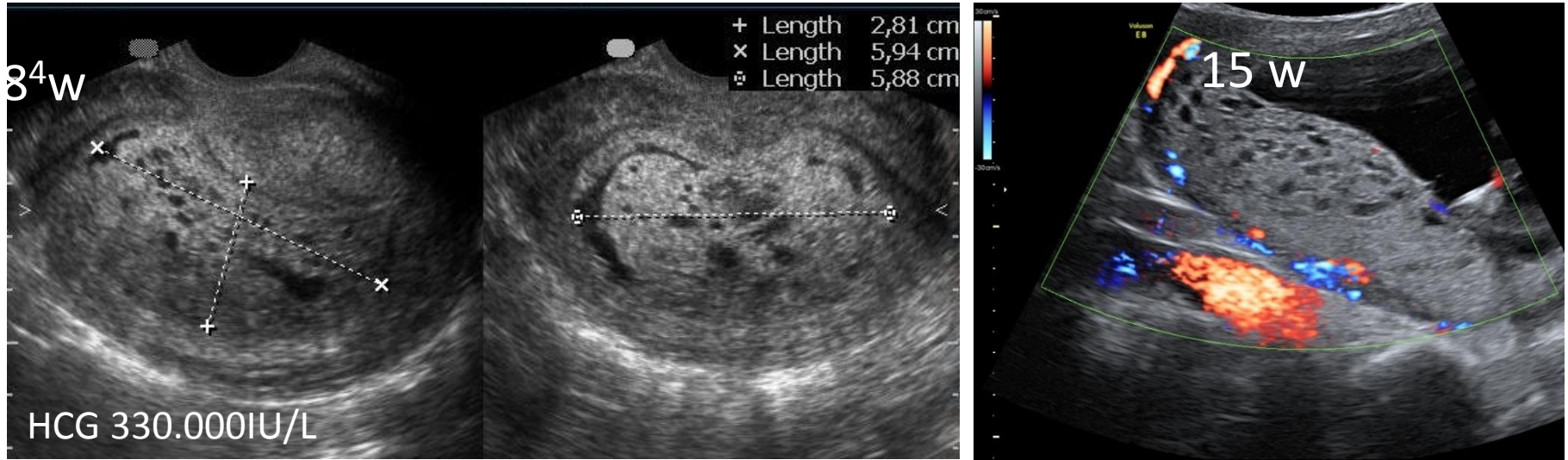
Management Protocol – Pregnancy Unknown Location (PUL)

Progesterone (nmol/L)	β -hCG (IU/L)	Likely diagnosis	Management
< 20	>25	Spontaneous resolving pregnancy	Check urine or serum β -hCG in 7 days
20-60	>25	Unviable or ectopic pregnancy with moderate risk requiring intervention	Check serum β -hCG in 2 days
>60	<1500	Normal intrauterine pregnancy	Repeat scan when β -hCG expected > 1000
>60	>1500	Ectopic pregnancy with high risk requiring intervention	Repeat scan same day by senior examiner

Hydatiforme mole



Hydatiforme mole



Complete

Prevalence 1:1500-2000

46, XX only paternal

Persisting throphoblast 15%

Partial

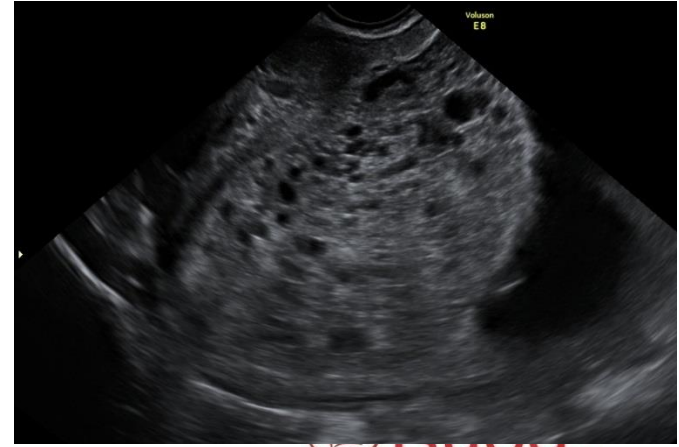
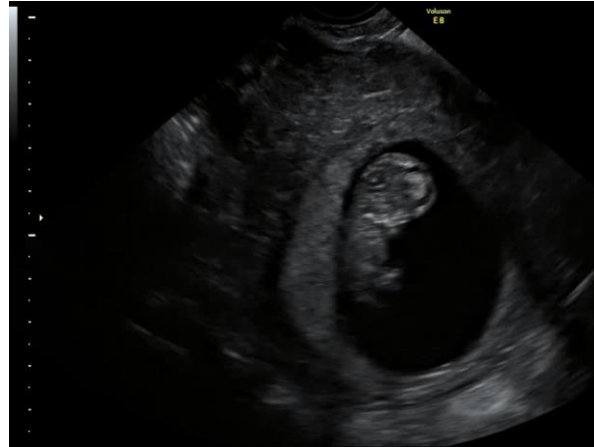
Prevalence 1:700

69 XXX of 69 XXY (triploidy), paternal and maternal

2%

Hydatiforme mole in twin pregnancy

- Blood loss and abdominal pain 8 weeks
- US dichorionic twin pregnancy of which 1 mola
- hCG 439.467 IU/l
- Counseling: miscarriage, hypertension, preeclampsia, thyroid disease, persistent trophoblast disease, lung metastases



Prevalence 1:10000-100.000

Accuracy of US diagnosis



Histology:	
CHM	PHM
Accuracy US	
95%	20%



Histology:	
non molar failed pregnancy	



Conclusion

- Aware of normal appearance and assessment GS, YS & embryo from 4 weeks gestational age onwards
- Criteria and terminology of viable and nonviable pregnancy
- In doubt about viable intrauterine pregnancy: repeat scan 1 w
- Scan uterus and ovaries to recognize ectopics
- Management of PUL and role hCG and progesteron
- Molar pregnancy appearance and pitfalls
- In doubt of location of pregnancy: repeat scan within 2 days

Complete MOLA

- Karyotype: 46, XX (85%) or 46 XY (15%): all chromosomes are paternal.
- Mechanism: Androgenesis: 23, X sperm fertilizes an egg that is maternal inactivated, meaning that the egg has no active maternal chromosomes or an empty egg (no maternal chromosomes). The egg upon fertilization, duplicates the paternal chromosomes leading to 46, XX **(A)**.
- In regards to 46, XY moles, the maternal inactive egg is fertilization by two sperm with one carrying the X and the other carrying the Y gene **(B)**.
- Hydropische zwelling van alle vlokken; geen embryonale structuren.
- 1:2000 zwangerschappen
- Persisteren 15%

Partiele MOLA

- Karyotype 69, XXX or 69, XXY: Two sperm either 23, X or 23, Y fertilized the ovum leading to triploidy (C) (chromosomen zijn zowel paternaal als maternaal).
- hydropische zwelling van een gedeelte van de vlokken; embryonale structuren kunnen aanwezig zijn.
- 1: 20 000 zwangerschappen
- Persisteren 2%

