

Kalp hızı

Anöploid fetüslerin kalp hızı paterni öploid fetüslere nazaran değişkenlik gösterebilir. Tr-13 ve monozomi X'de kalp hızının 95 persentil ve üzerinde olma olasılığı sırasıyla %69 ve %53'dür. Kalp hızı tr-21'de de artmakla beraber bu oran yalnızca %14'tür. Trizomi 18 ve triploidilerde bardikardi (kalp hızının 5. persentilin altında olması) sırasıyla %19 ve %36 oranında saptanmıştır.

Diğer bulgular

Minör marker olarak adlandırılan (koroid pleksus kisti >1.5 mm, ekojenik intrakardiyak odak, hiperekojen barsak, hidronefro- A-P çapı 1.5 mm) fetüsa zararı olmayan fakat anöploidi riskini arttıran ultrasonografi bulgularıdır. İzole minör marker bulunması muhtemelen anöploidi riskini arttırmıyor görünmektedir. Bunun nedeni diğer minör markerların bulunmamasının oluşan riski dengelemesidir. Bazı ultrason bulguları ise hem fetal anatomik bozuluk olup hem de anöploidi riskini artırır. Bunlara örnek olarak holoprozensefali (%50 tr-13 riski), diaframhernisi (%25 tr-18 riski), AVSD (%50 tr-21 riski), omfalosel (%25 tr-18 ve %10 tr-13 riski), megasistis (%10 tr-13 veya 18 riski) verilebilir.

KÖ-11 [14:30]

First trimester ultrasonographic findings for spina bifida

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Open spina bifida (OSB) is associated with the Arnold-Chiari II malformation, which is thought to be the consequence of leakage of cerebrospinal fluid into the amniotic cavity and hypotension in the subarachnoid spaces, leading to caudal displacement of the brain stem and obliteration of the cistern magna, was reported in 2009 to be recognized by first trimester ultrasound scan.

Anechoic area in the fourth ventricle entitled as intracranial translucency by Chaoui et al. which is between two echogenic line anteriorly dorsal side of brainstem and posteriorly choroid plexus of the fourth ventricle at mid sagittal plane which is used for the examining nuchal translucency and nasal bone in normal fetuses. But, in their retrospective studies, they couldn't show this translucency area in few cases. Also prospective studies it is seen that same amount of fluid collection at this area on cases with open spina bifida but this collection is not clear as normal cases. Another first trimester ultrasonographic finding for Spina Bifida is increased brainstem thickness due to replacing of brain towards to occipital bone and decreased distance between brainstem and occipital bone. In other words, ratio of brain stem thickness to brainstem – occipital bone distance is

greater than 1. 2 Another one for Spina Bifida is shortening of the distance between occipital bone and Aqueductus Sylvius at axial plane. Also decrease of biparietal distance due to the decrease of cerebrospinal fluid amount and facial degree shortening are seen.

As a result, absence or decrease of intracranial translucency, ratio of brain stem thickness to brainstem – occipital bone distance is greater than 1, shortening of the distance between occipital bone and Aqueductus Sylvius at axial plane, decrease of biparietal distance and shortening of facial degree are the major first trimester ultrasonographic findings for fetuses with open Spina Bifida

KÖ-12 [16:45]

Ultrasound evaluation of anterior compartment defects

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Transperineal ultrasound (TPUS) is recognized nowadays as a gold standard technique in the diagnosis of urinary incontinence (UI) and voiding dysfunction (VD) and is a very useful method, which allows overall assessment of all anatomical structures (bladder, urethra, vaginal walls, anal canal and rectum) located between the posterior surface of the symphysis pubis and the ventral part of the sacral bone.

Urinary incontinence (UI) has been defined by the International Urogynecology Association and the International Continence Society as: "involuntary loss of urine". This condition is exceptionally common and more than 40% of women over 40 are estimated to experience UI. The most common types of UI are: 1) Stress Urinary Incontinence (SUI), defined as the involuntary loss of urine during increased abdominal pressure. It is thought to be due to a poorly functioning urethral sphincter muscle (intrinsic sphincter deficiency) or to hypermobility of the bladder neck or urethra; 2) Urge Urinary Incontinence (UUI), defined as the complaint of involuntary urinary leakage accompanied or immediately preceded by urgency, due to detrusor overactivity. The key to understanding female UI is an assessment of the anatomy and physiology of the lower urinary tract. Ultrasonography can provide essential information in the management of SUI. Tunn et al. recommended the measurement of the retrovesical angle with TPUS in patients with SUI. For quantitative evaluation of urethral mobility, the Valsalva maneuver is preferable to the cough test. In patients with SUI or UUI, funneling of the internal urethral meatus may be observed on Valsalva and sometimes even at rest. Marked funneling has been shown to be associated with poor urethral closure pressures. Schaer et al. reported that TPUS allowed the quantifica-