昭和医科大学学士会後援セミナー

Screening for fetal brain and heart anomalies at 11-13^{+6} weeks of gestation: a case-based presentation

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The AWMF S2e guideline “First Trimester Diagnosis and Therapy @ 11-13+6 Weeks of Gestation” (version 1.1.2024), was developed by DEGUM, ÖGUM, SGUM (German, Austrian and Swiss Societies for Ultrasound in Medicine) and partner societies from German speaking countries. It systematically analyses the available evidence and grades each recommendation by level of recommendation, level of evidence and strength of consensus. Besides malformations, it covers chromosomal defects, preeclampsia and FGR, preterm birth, placental disorders, and diabetes.

According to the guideline, screening at 11^{+0}-13^{+6} weeks (CRL 45-84 mm) is a voluntary offer, performed by specialists with adequate equipment and with documented counselling and consent. The guideline requires dating by CRL (IVF pregnancies: date of conception) and the measurement of CRL, NT and BPD. Further biometry and Doppler markers are optional. It recommends a structured early anatomy scan following a defined protocol, covering at least biometry, head and brain, nuchal translucency, face, thorax, heart, abdomen, urogenital tract, spine, extremities, placenta with cord, and amniotic fluid. The guideline distinguishes malformations that are almost always detectable, those detectable only in part and those not yet detectable. It cites detection rates for non-chromosomal anomalies of about 32% in low-risk and 60% in high-risk populations.

The screening for malformations oft he brain and the heart at 11-13^{+6} weeks of gestation will be presented using case examples.