

376 Sonographic findings associated with the diagnosis of invasive placenta

Véronique Taché¹, Ramez Eskander¹, Gladys Alexandra Ramos¹, Kurt Benirschke², Lorene Romine³, Thomas Moore¹

¹University of California, San Diego Medical Center, Department of Reproductive Medicine, San Diego, California, ²University of California, San Diego Medical Center, Department of Pathology, San Diego, California, ³University of California, San Diego Medical Center, Department of Radiology, California

OBJECTIVE: A number of sonographic signs can be indicative of placenta accreta. The purpose of this study was to determine the relative frequency and accuracy of these signs in predicting invasive placenta.

STUDY DESIGN: We performed a retrospective chart review of cases of pathology-proven placenta accreta. Sonographic images were reviewed and 9 ultrasound signs of placenta accreta (previa, loss of myometrial interface (LMI), chaotic intraplacental blood flow, 'swiss cheese appearance', placenta bulging into bladder, distance of bulge into the bladder, invasion into the bladder, excrescences, and color Doppler crossing vessels) were coded as present, absent or indeterminate. The images were independently reviewed by 2 physicians.

RESULTS: Twenty-seven cases of pathology-proven accretas were identified from 2002 to 2008. Of these, 14 (52%) were accretas, 4 (15%) were incretas and 9 (33%) were percretas. The frequency of the sonographic signs are shown in Table 1. The most common sonographic findings associated with all forms of invasive placenta were previa and loss of myometrial interface. Of the 14 cases with a sonographic sign of bladder invasion, only 5 were confirmed on pathology. The sensitivity and specificity of this sonographic finding for the diagnosis of percreta are 55% and 50% respectively. Nine of the 16 patients with a bladder bulge were confirmed to have percretas. The sensitivity and specificity of this sonographic finding for the diagnosis of percreta are 100% and 61% respectively. Calculated bladder bulge distance was significantly different between accretas and percretas; 25 mm vs. 85mm (p value=0.04).

CONCLUSION: The presence of a previa with LMI is the most common finding in patients with accretas. There is a strong association between noted bladder bulge and placenta percreta.

Sonographic signs associated with invasive placenta.

	Previa	LMI	Crossing vessels	Chaotic flow
All accretas	93%	93%	82%	70%
	Bulge	Bladder invasion	'Swiss cheese'	Excrescence
All accretas	60%	52%	52%	30%

0002-9378/\$ – see front matter • doi:10.1016/j.ajog.2009.10.391

377 Predictive value of a short cervix for preterm delivery at less than 32 weeks gestation in twin pregnancy

Véronique Taché¹, Michelle Gutierrez², Yvette Lacoursiere³, Andrew Hull³, David Schrimmer³

¹University of California, San Diego, San Diego, California, ²Scripps Health System, Obstetrics and Gynecology, California, ³University of California, San Diego, Reproductive Medicine, San Diego, California

OBJECTIVE: To determine the utility of frequent cervical length measurement in the prediction of spontaneous preterm delivery at less than 32 weeks (PTD<32) in twin pregnancy.

STUDY DESIGN: Retrospective review of twin pregnancies managed at a tertiary care center between 2005-2009. Cervical length was measured by transvaginal sonography every two weeks from 18-32 week. Delivery outcomes were correlated with cervical length data.

RESULTS: 154 twin pregnancies were studied; monoamniotic twins were excluded. 72 subjects were excluded from the analysis because they had indicated delivery <32 weeks. An average of 6 cervical length assessments were made in the remaining patients. PTD<32 occurred

in 20 patients [24%]. A cervical length <2 cm at 24 weeks was associated with a likelihood ratio (LR) of PTD<32 of 10 [PPV 71%, NPV 86%]. Beyond 24 weeks, a cervical length of less than 2 cm was associated with a LR of PTD<32 of 3 [PPV 33%, NPV 90%]. There were no significant differences in these values between measurements made at 26-30 weeks.

CONCLUSION: A cervical length less than 2 cm at 24 weeks is highly predictive of PTD<32 in uncomplicated twin pregnancies. A cervical length greater than 2 cm at 24 weeks has a high negative predictive value for PTD<32. Beyond 26 weeks, a cervical length of less than 2 cm is a common finding and the association with PTD<32 is not as robust.

0002-9378/\$ – see front matter • doi:10.1016/j.ajog.2009.10.392

378 Hepatic artery Doppler in IUGR fetuses

Jacques Samson¹, Juan De Leon-Luis², Norman Meyer¹, Joaquin Santolaya¹, Rebecca Uhlmann¹, Giancarlo Mari¹

¹University of Tennessee Health Science Center, Memphis, Tennessee, ²Hospital General Universitario Gregorio Marañon, Department of Obstetrics and Gynecology, Madrid, Spain

OBJECTIVE: Animal studies have reported that in IUGR fetuses there is a redistribution of blood flow from the liver to the brain, heart and adrenal gland, which occurs because a large amount of umbilical blood flow, proportional to the degree of fetal hypoxia, bypasses the liver through the ductus venosus. Only a few studies have focused on the arterial hepatic blood flow. The aim of this study was to assess flow velocity waveforms of the main hepatic artery (HA) in IUGR fetuses.

STUDY DESIGN: The main HA pulsatility index (PI) was determined in 33 IUGR fetuses (EFW<10th percentile and abnormal umbilical artery PI). The main HA PI was defined as abnormal if the values were above or below the reference range established in normal fetuses for gestational age (GA). The HA PI was obtained within 24 hours from delivery or fetal demise and was correlated with perinatal outcome [fetal or neonatal (≤4 weeks after birth) demise]. Fisher's exact test was used for statistical analysis.

RESULTS: The median GA at the time of the delivery was 27.2 weeks (range: 23-33 weeks). Twenty-one fetuses had a PI value below the lower limit of normal, 12 fetuses had a value within the normal reference range, and none of the fetuses had a value above the upper limit of normal. Among fetuses with an abnormal HA PI, there were 6 fetal and 7 neonatal demises (p<0.05). Two fetuses with a normal HA PI died either in-utero or after birth. An abnormal HA PI had a sensitivity, specificity, positive and negative predictive value of 87% (95% CI: 62-96%), 56% (95% CI: 34-75%), 66% (95% CI: 33-80%), and 83% (95% CI: 63-96%), respectively, for predicting perinatal death. The positive likelihood ratio was 2.00.

CONCLUSION: This study indicates that there is an abnormal HA PI in IUGR fetuses and it is associated with an increased risk of perinatal death. The changes seen at the HA PI are similar to those reported for other fetal organs, such as the brain, and they suggest that there is a lower arterial hepatic vascular resistance and, consequently, an increased hepatic artery blood flow in IUGR fetuses.

0002-9378/\$ – see front matter • doi:10.1016/j.ajog.2009.10.393

379 The use of a sonographic animal model to teach a normal and abnormal fetal anatomic survey to maternal-fetal medicine fellows

Dennis Mcweeney¹, Alan Neis¹, Tamara Freimund¹, Joshua Nitsche¹, Wendy White¹, Carl Rose¹, Norman Davies¹, William Watson¹, Brian Brost¹

¹Mayo Clinic College of Medicine, Division of Maternal Fetal Medicine, Department of Obstetrics and Gynecology, Rochester, Minnesota

OBJECTIVE: We sought to design a realistic sonographic model and curriculum to teach normal and abnormal fetal anatomic survey to MFM fellows.

STUDY DESIGN: A formalin fixed fetal pig of various sizes were positioned inside a transparent water filled freezer bag. By altering fetal