OP23.03 - Consequences of continued reporting of fetal echogenic intracardiac foci (EIF) and choroid plexus cysts (CPC)

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Background

Previous studies used to justify reporting of CPC and EIF were performed in high risk patients, in the context of multiple signs, and/or in the absence of other prenatal screening.

Development of combined first trimester screening (cFTS) and non-invasive prenatal screening (NIPS) mean isolated CPC and/or EIF are no longer useful to report. However the practice persists; we examined CPC/EIF referrals and their consequences over time.

Methods

Retrospective audit of women referred to the genetic and maternal fetal medicine (MFM) departments at 2 metropolitan Australian hospitals after CPC and/or EIF was reported from Jan 2006 – Dec 2016.

Results – Referrals for CPC/EIF

- 0.35-5% of pregnancies at the 2 hospitals
- 102/208 (49%) referrals were for isolated CPC and/or EIF in low-risk women
- No difference in proportion of low risk women referred over time despite advances in screening

Results – Consequences

18% of low risk women with isolated soft signs referred for both genetic and MFM consultation
- 14% had amniocentesis (versus 27% of high risk or non-isolated CPC/EIF)
- 5% had NIPS after morphology
- 33% had additional ultrasound

From 2014-2016, more women were deemed low risk due to screening rather than maternal age <35
- Suggests referral still causes anxiety in low risk women, as 1 in 5 had amniocentesis or NIPT after isolated CPC/EIF reported
- No women in the low risk, isolated group had a fetus with a major structural or screen-detectable abnormality

Conclusion

Despite advances in screening technology, low risk women are still being referred to specialist services for these 2 soft signs and undergoing unnecessary follow-up, NIPS and amniocentesis.