Lt. isomerism with giant yolk sac hematoma of early pregnancy: Case report

**Introduction**

As the sonography technology develops, the importance of diagnosing fetal abnormality in first trimester is emphasized. From many studies, pregnancies with a very large yolk sac are generally always associated with poor outcomes.

**Case report**

We present a case in which a very large yolk sac (mean diameter, 1.6cm) and a bradycardia were shown on transvaginal sonography in the first trimester. Later on, large yolk sac disappeared, but there was still bradycardia, so fetal assessment was performed in 20 weeks of gestation. The fetal heart structure was normal. Fetal MRI was performed through joint treatment with pediatric heart sonography physician, and the patient was diagnosed with left isomerism.

**Figure 1.** Fetal MRI at pregnancy 20 weeks, Lt. isomerism was diagnosed

**Figure 2.** Giant yolk sac hematoma at early pregnancy

**Conclusion**

In this case, besides missed abortion, when large yolk sac is observed, it should be considered as a sign of congenital heart defect, and fetalechocardiography in first trimester is recommended.

To predict the outcome of pregnancy, based on this case report, the quality of the yolk sac might be more important than its size.