Methods

The significance of an enlarged stomach detected on a second trimester scan is
bubble” sign and polyhydramnios in the third trimester. The significance
of an enlarged stomach detected on a second trimester scan is unclear.

Methods

A retrospective review of cases identified from the Wessex Fetal Medicine and Antenatally Detected Anomaly (WANDA) regional databases from 1995 to 2011. Scan reports were reviewed and correlated with outcome.

Results

33 cases of an enlarged stomach in the second trimester were identified. In nine there were additional major anomalies: four with gastrointestinal, three with cardiac anomalies (including two tri-somies), one severe growth restriction with dilated bowel loops and one with renal cystic dysplasia. In the 24 fetuses without additional anomalies, one severe growth restriction with dilated bowel loops and one with renal cystic dysplasia. In the 24 fetuses without additional anomalies, one severe growth restriction with dilated bowel loops and one with renal cystic dysplasia. In the 24 fetuses without additional

Conclusions

The incidence of toxoplasma in the UK is 1–2 infections per 1000 pregnancies and is normally associated with a maternal illness. Rubella is screened for as part of the routine antenatal screen. Our findings have further confirmed the targeted approach to serology screening. We therefore now only perform CMV serology unless there is an overwhelming clinical indication for the addition of toxoplasma testing.

References


TORCH SCREENING, WHERE ARE WE NOW?

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SM Halawa, ‘I McDermott, ‘ML Denbow, ‘M Donati. ‘United Hospitals Bristol NHS trust, Bristol, UK; ‘Public Health Laboratory, Bristol, UK

TORCH screening is used in pregnancy in a wide number of indications. In 1990 the Public Health Laboratory service advised that individual serology tests, rather than a TORCH screen, should be performed depending upon clinical circumstances. Our group confirmed these findings for fetal medical indications. The aim of this retrospective study was to determine our progress with the use of TORCH in pregnancy.

Methods

A retrospective review of all TORCH tests requested in St Michael’s Hospital in obstetrics and gynaecology between 01/10/2006 and 31/01/2012 was undertaken via the pathology database.

Results

742 tests were undertaken over the study period. 40 indications were identified. There were 4 positive tests for CMV (1%), with no cases of confirmed toxoplasmosis or rubella. CMV was found in late miscarriage, recurrent miscarriage and multiple fetal abnormalities.

Conclusions

The incidence of toxoplasma in the UK is 1–2 infections per 1000 pregnancies and is normally associated with a maternal illness. Rubella is screened for as part of the routine antenatal screen. Our findings have further confirmed the targeted approach to serology screening. We therefore now only perform CMV serology unless there is an overwhelming clinical indication for the addition of toxoplasma testing.

REFERENCES