

## **Answers to Medical Quiz**

Khalil Rajab\*

1. a. Pleural effusion shifts the heart far to the right compressing the lungs (arrow).  
There is marked skin oedema (skin surface marked by cursors).
- b. Sagittal left thorax and abdomen. The effusion depresses and inverts the left hemidiaphragm. Ascitis outlines the left lobe of the liver and fluid is trapped between the folds of the omentum (arrowheads).
2. Foetal hydrops.
3. Causes of foetal hydrops.
  - Anaemia
  - Cardiac arrhythmias and cardiac myopathies
  - Twin – Twin transfusion syndrome
  - Maternal infection (bacterial & viral)
  - Homozygous alpha thalassaemia
4. Potentially treatable conditions:
  - Foetal anaemia (Rh-incompatibility – irregular antibodies)
  - Foetal-maternal haemorrhage / Parvo virus
  - Cardiac arrhythmias
  - Maternal anaemia, hypoproteinaemia and severe diabetes.
  - Thoracic fluid collection on pericardial effusion (by in-utero thoracocentesis).

## **DISCUSSION**

The ultrasound discovery of the presence of foetal hydrops in a pregnant woman is a strong sign of impending death of the foetus. Sonographic findings in the foetus include ascitis, pericardial and/or pleural effusion and scalp or generalised skin oedema. The placenta may be abnormally thickened. Alternatively, isolated ascitis may be seen as a result of perforation of an obstructed urinary or intestinal tract. Although serious, these anomalies do not in general carry the risk of eminent foetal death associated with hydrops<sup>1</sup>.

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\* Consultant  
Ob/ Gyn Department  
Salmaniya Medical Complex &  
Associate Professor  
College of Medicine & Medical Sciences

Arabian Gulf University  
Kingdom of Bahrain

The aetiology of hydrops must be sought, in hope of finding a treatable course. When possible, it is clearly preferable to give the therapy in utero in order to reverse hydrops<sup>2</sup>.

#### **REFERENCES**

1. Finberg HJ. Ultrasound guided interventions in pregnancy. *Ultrasound Q* 1990;8:217.
2. Hansman M, Arabin B. Non-immune hydropsfoetalis. In: Chenrennak FA, Issasson GC, Campell S, eds. *Ultrasound in obstetrics and gynaecology*. Boston: Little Brown, 1993.