

Wadia Journal of Women and Child Health

Clinical Image

A neonate with calcifications in antenatal and postnatal ultrasound scans: A neonatologist's perspective

R. R. Prashanth¹, Medha Goyal², Anitha Haribalakrishna¹, Hemangini Uday Thakkar³

Department of Neonatology, Seth GS Medical College and KEM Hospital, Mumbai, Maharashtra, India, Department of Neonatology, McMaster Children's Hospital, Hamilton, Canada, 3Department of Radiology, Seth GS Medical College and KEM Hospital, Mumbai, Maharashtra, India.

*Corresponding author:

R. R. Prashanth, Department of Neonatology, Seth GS Medical College and KEM Hospital, Mumbai, Maharashtra, India.

prash2635@gmail.com

Received: 21 May 2024 Accepted: 11 October 2024 Published: 23 November 2024

DOI

10.25259/WJWCH_25_2024

A 20-year-old primigravida delivered a female neonate vaginally at 38 weeks of gestation. Antenatal ultrasound at 29 weeks found fetal ascites. A repeat scan at 32 weeks showed resolution of ascites with calcification seen on the visceral peritoneum liver and spleen.

Anthropometry at birth: Head circumference was 31.5 cm (-2 standard deviation [SD] to -3SD), birth weight was 2550 g (0 to -2SD), and length was 48 cm (0 to -2SD) as per the World Health Organization growth charts. The rest of the examination was normal. Postnatal X-ray showed fleets of intra-abdominal calcification [Figure 1]. Abdominal and periventricular calcification were seen on ultrasound [Figure 2]. Work-up including complete blood count,



Figure 1: Fleets of intra-abdominal calcification (white arrow) on postnatal day 1.

How to cite this article: Prashanth RR, Goyal M, Haribalakrishna A, Thakkar HU. A neonate with calcifications in antenatal and postnatal ultrasound scans: A neonatologist's perspective. Wadia J Women Child Health. 2024;3:108-9. doi: 10.25259/WJWCH_25_2024



This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 License, which allows others to remix, transform, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms. @2024 Published by Scientific Scholar on behalf of Wadia Journal of Women and Child Health

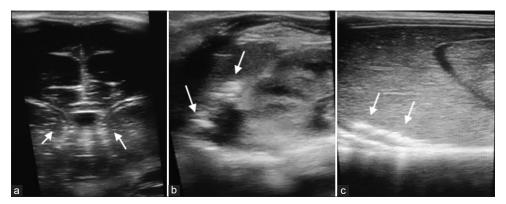


Figure 2: Ultrasound images demonstrating calcification (white arrows). (a) Periventricular calcification with multiple calcifications along the vessels within the thalami, (b) renal calcifications, and (c) hepatic calcifications on postnatal day 2.

calcium, polymerase chain reaction for cytomegalovirus (CMV), and toxoplasmosis and clinical exome study were negative.

Important differentials include congenital infections: CMV, toxoplasmosis, and genetic disorders associated with hypercalcemia. Short-term outcomes are favorable as seen in the current case.[1] In neonates requiring surgery, a postoperative mortality rate of 8.1% has been reported.[2]

Ethical approval

Institutional Review Board approval is not required.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

Use of artificial intelligence (AI)-assisted technology for manuscript preparation

The authors confirm that there was no use of artificial intelligence (AI)-assisted technology for assisting in the writing or editing of the manuscript and no images were manipulated using AI.

REFERENCES

- Ping LM, Rajadurai VS, Saffari SE, Chandran S. Meconium peritonitis: Correlation of antenatal diagnosis and postnatal outcome-an institutional experience over 10 years. Fetal Diagn Ther 2017;42:57-62.
- Shinar S, Agrawal S, Ryu M, Van Mieghem T, Daneman A, Ryan G, et al. Fetal meconium peritonitis - prenatal findings and postnatal outcome: A case series, systematic review, and meta-analysis. Ultraschall Med 2022;43:194-203.