

OBE-MOA

Obstetrics/Gynecology Monday Poster Discussions

Monday, Nov. 27 12:15PM - 12:45PM Room: OB Community, Learning Center

AMA PRA Category 1 Credit™: .50

Sub-Events

OB104-ED- Evaluation of the Cervix and Lower Uterine Segment in Pregnancy MOA1

Station #1

Participants

Meaghan A. Magarik, MD, PhD, Nashville, TN (*Presenter*) Nothing to Disclose
Lucy B. Spalluto, MD, Nashville, TN (*Abstract Co-Author*) Nothing to Disclose
Christine Dove, MD, Nashville, TN (*Abstract Co-Author*) Nothing to Disclose

For information about this presentation, contact:

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TEACHING POINTS

PURPOSE: Review the sonographic imaging techniques and normal appearance of the cervix and lower uterine segment during pregnancy. Illustrate abnormalities and emergencies of the cervix and lower uterine segment during the first trimester, second and third trimester. Briefly discuss management of cervical, placental and uterine emergencies.

TABLE OF CONTENTS/OUTLINE

1. Review of sonographic techniques for evaluation of the cervix and lower uterine segment
a. Transabdominal b. Transvaginal c. Transperineal
2. Normal cervix
a. Review how to measure the cervix accurately b. Pitfalls affecting cervical length measurement
i. Contraction at lower uterine segment ii. Distended bladder iii. Mucous plug
3. Illustrate abnormalities of the cervix and lower uterine segment in the first trimester
a. Failed intrauterine pregnancy b. Ectopic pregnancy
i. Cervical ectopic ii. C-section scar ectopic
4. Illustrate abnormalities (and management) of the cervix and lower uterine segment in the second/third trimester
a. Cervical insufficiency b. Placenta previa, low lying placenta c. Vasa previa d. Placenta accreta, increta and percreta
e. Infection f. Incarcerated uterus g. Placental abruption h. Uterine dehiscence

OB159-ED- Fetal Neuroanatomy on Ultrasound and MRI: Imaging Correlation with Pathology MOA2

Station #2

Participants

Manjiri K. Dighe, MD, Seattle, WA (*Abstract Co-Author*) Research Grant, Koninklijke Philips NV
Emily Loter, MS, Seattle, WA (*Abstract Co-Author*) Nothing to Disclose
Teresa Chapman, MD, MA, Seattle, WA (*Abstract Co-Author*) Nothing to Disclose
Corinne L. Fligner, MD, Seattle, WA (*Abstract Co-Author*) Nothing to Disclose
Rajas N. Chaubal, MBBS, MD, Thane, India (*Presenter*) Nothing to Disclose

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TEACHING POINTS

1. To review the anatomic structures seen in the fetal brain and spine in US and MRI. 2. To understand the imaging correlates in normal and abnormal brain and spine as seen on pathology images.

TABLE OF CONTENTS/OUTLINE

1. Embryology of development of the fetal brain and spine: fetal brain changes significantly over the course of the pregnancy from the prosencephalon, mesencephalon, and the rhombencephalon to 5 secondary structures from these in the seventh gestational week: the telencephalon, diencephalon, mesencephalon, metencephalon, and myelencephalon which later become the lateral ventricles, third ventricles, aqueduct, and upper and lower parts of the fourth ventricle from the telencephalon to the myelencephalon, during adulthood. 2. Illustrations of normal fetal CNS anatomy on pathologic images and routine US: comparison of the anatomy seen on US to the MRI and pathology images is important to understand the anatomy and to be able to diagnose variations in normal anatomy. 3. Significance of variations in fetal CNS anatomy seen on prenatal imaging. 4. Common anomalies seen on prenatal US as a variation compared to normal brain - smaller size of the cerebellar vermis compared to a normal vermis seen in inferior vermian hypoplasia or absent corpus callosum with comparison to a normal patient with corpus callosum present.