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Choroid Plexus Cysts

By Dr. Bromley for Diagnostic Ultrasound Associates

The choroid plexus is the part of the brain that makes cerebrospinal fluid. In approximately 2% of normal babies, a tiny bubble of fluid is formed as the choroid plexus develops and this looks like a cyst on ultrasound. In the majority of cases, the cyst(s) will resolve on its own during the course of pregnancy and have no impact on the development or intelligence of the child.

On rare occasion, choroid plexus cysts (CPC) are associated with a devastating chromosomal abnormality called Trisomy 18 (Edwards Syndrome) in which there is an extra copy of chromosome 18. Individuals with Edwards Syndrome have multiple birth defects, mental retardation, and do not survive for an extended period of time. Neither the number of cysts nor the size of the cysts has a significant impact on the risk of a fetus having trisomy 18. These cysts tend to go away whether a baby is normal or has trisomy 18 and therefore, the resolution of the cyst(s) is not helpful in the diagnosis of trisomy 18.

During the course of your ultrasound, we will evaluate your fetus in meticulous detail in order to identify any other possible markers for trisomy 18. This evaluation includes a detailed structural survey of your baby including the face, heart, and extremities (especially hands) and is optimally performed between 18-20 weeks gestation. If no other abnormalities are detected, and you are at low risk for trisomy 18 based on age and maternal serum screening (AFP/HcG/Estriol) the risk that your fetus has trisomy 18 is very low.

The only way to actually know for certain if a fetus has trisomy 18 is by performing an amniocentesis and examining the chromosomes directly. This procedure carries a risk of 1:200-1:300 for pregnancy loss. The risk of your baby having trisomy 18 if the choroid plexus cysts are isolated, and you are not at increased risk based on age or maternal serum screening is below the risk of complication of an amniocentesis.

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