Correspondence

Reply

We thank Professor Yagel for his interest in our article and for his comment. Indeed, in the early days of transvaginal sonography (TVS), its value as an early diagnostic tool for fetal anomalies was investigated extensively, showing excellent performance in the hands of experts, including Professor Yagel and his group.

In more recent years, with the advent of first-trimester aneuploidy screening, the transabdominal approach has prevailed, as it is more suitable for the measurement of nuchal translucency, as well as being more acceptable to women in different cultures. However, it is obvious that, if there is suspicion of fetal anomaly, TVS has an additional value compared with the transabdominal approach, offering increased diagnostic accuracy.

With the advent and broad uptake of cell-free (cf)DNA screening, the primary question that needs to be answered is if there is still a reason to offer a detailed first-trimester scan, for purposes beyond verification of pregnancy location, dating of the pregnancy and diagnosis of multiple gestation.

Although there is evidence of the efficacy of an early scan for routine evaluation of fetal anatomy if a standardized protocol is followed, in most countries, the 20-week scan is still considered the standard of care in view of the supposedly higher yield. Moreover, in countries such as The Netherlands, the introduction of cfDNA
as first-tier aneuploidy screening has currently deprived women of a ‘proper’ first-trimester scan at 12–13 weeks, regardless of whether or not they choose to undergo cfDNA testing, in view of the fact that the second-trimester scan is the ‘official’ morphological scan in pregnancy.

In this context, we see the shift towards introduction of a ‘routine’ early TVS fetal anatomy scan as a second step in the process of perfecting the offer of first-trimester screening; first, a consensus needs to be reached regarding the general value of a first-trimester scan, and this is urgent for both practitioners and policy-makers.

Professional organizations should be very clear in recommending a routine first-trimester fetal scan in view of its important role in global early-risk evaluation in pregnancy. The current ISUOG guidelines on first-trimester fetal ultrasound are rather prudent in addressing the potential value of the 11–14-week scan as the first fetal anomaly scan, and would need to be updated in order to maximize its impact.

In our opinion, providing convincing arguments to persuade policy-makers of the essential role of an early scan in optimizing obstetric management is the first battle. Once this is won, it is obvious that the natural evolution will be towards TVS examination. Although in some countries there is a longstanding tradition in the use of the transvaginal route for routine first-trimester fetal examination, this is not the case everywhere, especially in countries in which early ultrasound examination is offered as part of a national screening program, as was the case in our study. This means that if TVS is chosen as the standard approach for fetal anatomy examination, a sufficient number of sonographers would need to be trained in order to make this screening available to all pregnant women. Considering the growing number of overweight pregnant women, TVS may even become, in such cases, the preferred strategy for fetal anatomy screening in pregnancy. This, in combination with evolution of imaging performance of ultrasound systems, will make the second battle an easy one to win.

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