Article published online: 2021-07-30

Authors reply

Sir/Madam,
Regarding the above article, I would like to clarify these points.[1]

The legend of Figure 5 reads as "The abdominal CT with oral contrast shows a filling defect of 10 to 20 HU within the stomach," though the labeling shows M for a "mass" which could not be definitely diagnosed as a true solid mass by the CT features.

As a routine, the placenta and liquor features are evaluated for hemorrhage, abruption, or amniotic fluid echogenicity. These features are summarized in the findings as "the fetal growth and biophysical parameters were normal." The biophysical parameters include these features, though they are not included in the classical BPP scoring. The amniotic fluid was anechoic as normal, so was not specifically mentioned.

The figure showing regression was avoided, as showing a normal figure was unlikely to be useful. The serial follow-up imaging modality was only USG as practiced routinely for a neonate on follow-up.

Balakumar K, Misha K, Milind K

PVS Hospital, Calicut, Kerala, India
E-mail: balakumar_k@dataone.in

References

1. Karippaliyil B, Kannan M, Karippaliyil M. Fetal gastric pseudomass at 30 weeks of gestation and its regression after 17 days of birth. Indian J Radiol Imaging 2014;24:160-2.

Access this article online	
Quick Response Code:	Website: www.ijri.org