Comment on: Fetal gastric pseudomass at 30 weeks of gestation and its regression after 17 days of birth

Sir,
We read with great interest the recent case report of Karippaliyil et al. revealing fetal gastric pseudomass detected at 30 weeks of gestation and its regression after 17 days of birth.\textsuperscript{[1]} In our opinion, some points in the report are not sufficiently clear.

In the abstract section, the authors have stated that findings of computed tomography with oral contrast were non-specific and similar to the findings of abdominal radiographs which did not contribute to a definite diagnosis. However, a filling defect of 10-20 HU within the stomach which consisted of the pseudomass was shown in Figure 5, revealing the computed tomography scan of the patient.

The authors revealed that the fetal growth and biophysical parameters were normal at 30 weeks of gestation except for the presence of gastric pseudomass. However, it was not clear whether they evaluated the direct and indirect signs of intra-amniotic bleeding or not. These direct and indirect signs are particles in the amniotic fluid and the placenta, subchorionic hemorrhage, and placental abruption. It has been claimed that swallowing of intra-amniotic bleeding materials may cause the gastric pseudomass.\textsuperscript{[2,3]}

The authors have stated that the intragastric echogenic mass disappeared after 17 days of birth. Nevertheless, there was no figure revealing the regression of the mass, and they did not indicate which imaging modality they preferred.

We hope that the above-mentioned comments will add to the value of the article by Karippaliyil et al.

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References

Authors reply
Sir/Madam,
Regarding the above article, I would like to clarify these points.

\textsuperscript{[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.

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