

Talipes (Clubfoot) - Sample Report (Pregnancy)

OB - 2/3 Trimester Scan Report

Indication(s)

II Opinion for Bilateral congenital talipes

Target scan

FTS screen negative T21 1:11284

PAPP a 1.2MoM

Hypothyroid on medication

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Single intrauterine gestation

Maternal

Cervix measured 4.0 cm in length.

Internal os closed

Fetus

Survey

Presentation - Unstable lie

Placenta - Posterior

Liquor - Normal

Umbilical cord - Two arteries and one vein

Fetal activity present

Cardiac activity present

Fetal heart rate - 154 bpm

Biometry (mm)

| | | |
|-------|----------------|-----------|
| BPD | 53, 21W 3D | —●— (50%) |
| HC | 187, 21W 1D | —●— (39%) |
| AC | 161.86, 21W 2D | —●— (43%) |
| FL-Rt | 37.8, 21W 6D | —●— (60%) |

EFW (grams)

| | | |
|--------------|-----|-----------|
| BPD,HC,AC,FL | 436 | —●— (47%) |
|--------------|-----|-----------|

TCD : 20.8 mm —●— (22%)

Fetal Anatomy

Head appeared normal.

Neck appeared normal.

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Spine appeared normal. No evidence of significant open neural tube defect.
Fetal face appeared normal.
Both lungs appeared normal.
Heart - Four chamber view appears normal
Outflow tracts appeared normal.
Abdominal situs appeared normal.
Stomach and bowel appeared normal.
Both kidneys and bladder appeared normal.
All long bones appeared normal for the period of gestation. Both feet showed talipes
Normal flexion and extension
Muscle mass normal

Impression

Single gestation corresponding to a gestational age of 21 Weeks 4 Days
Gestational age assigned as per LMP
Placenta - Posterior
Presentation - Unstable lie
Liquor - Normal
Estimated fetal weight according to BPD,HC,AC,FL :- 436 + / - 43.6 gms.

**BILATERAL CONGENITAL TALIPES EQUINOVARUS
REST OF FETAL ANATOMY NORMAL AT PRESENT**

We have explained the scan findings and its implications in detail. Etiology of Talipes deformity can be multifactorial, chromosomal or arthrogyriposis. Chromosomal abnormalities can be ruled out by direct testing for karyotype and FISH. Her first trimester screen shows a low risk for aneuploidies. However, if the couple wishes to establish the chromosomal normalcy, they may come over for the same at the earliest, with prior appointment. At present, the muscle mass appears to be normal, flexion - extension of limbs and toe movements are present. The fetus needs close follow up to watch for evolving problems.

Isolated talipes has a favourable prognosis and is postnatally correctable. Treatment would mainly involve physiotherapy and orthopedic supports. Some cases may require surgical correction. Treatment has to start soon after birth and therefore it would be advisable to seek an orthopedic opinion during the antenatal period itself.

Suggested :

1. Suggested reassessment after 6 weeks
2. Consultation with paediatric orthopaedician to plan postnatal management.
3. Postnatal clinical evaluation of the baby.

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