

**ESHRE Special Interest Group for Early Pregnancy (SIGEP)**

**Winter Symposium**

Palazzo Delle Stelline, Milan, Italy  
18-19<sup>th</sup> December 2008

**Clinical impact of high definition 3D-scanning in early pregnancy**

Serena Rigano

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University of Milan, Italy

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**I trimester**

**CRL (crown-rump-length)**

**Transabdominal US approach**

Robinson HP, Fleming JEE. 1975  
A critical evaluation of sonar "crown-rump-length" measurement.  
Br J Obstet Gynaecol

**Transvaginal US approach**

Hadlock FP, et al.. 1992  
Fetal crown-rump-length: re-evaluation of relation to menstrual age (5-18 weeks) with high-resolution real-time US.  
Radiology

Wisser J, et al.. 1994  
Estimation of gestational age by transvaginal sonographic measurement of the greatest embryonic length in dated human embryos.  
Ultrasound Obstet Gynecol

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**I trimester**

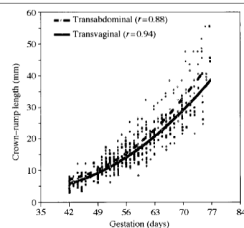
**CRL  
(crown-rump-length)**

**Miscarriage diagnosis and gestational age estimation in the early first trimester of pregnancy: transabdominal versus transvaginal sonography**

F. Ferrazzi, S. Garbo, P. Salfetris, L. Ghisomi, P. Levi Sella and M. Roccaforte  
Department of Obstetrics and Gynecology, San Paolo Biomedical Sciences Institute, University of Milan, Italy

Transvaginal sonography proved to be unquestionably better compared with transabdominal scanning before 42 days of gestation and when the chorionic sac and embryo are at the lower limits for sonographic diagnosis of miscarriage.

- Transabdominal  $\approx$  transvaginal CRL
- TV-US: anatomy of the embryo



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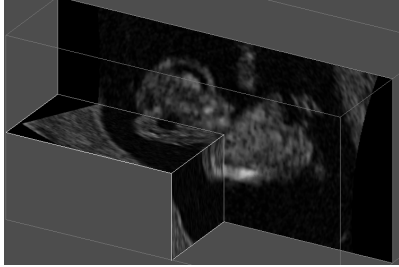
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Why should we use 3D approach to study embryo/fetal biometry in early pregnancy?




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Ultrasound Obstet Gynecol 2006; 27: 640-646  
Published online in Wiley InterScience (www.interscience.wiley.com). DOI: 10.1002/ulog.2794

Three-dimensional ultrasound volume calculations of human embryos and young fetuses: a study on the volumetry of compound structures and its reproducibility

H.-G. K. BLAAS\*, P. TAIPALEL, H. TORPE and S. H. EK-NES\*

\*National Center for Fetal Abnormalities, St Olav's Hospital, Trondheim University Hospital, Department of Obstetrics & Gynecology, Trondheim Hospital, Trondheim, Finland and †Department of Physics and Biomedical Engineering, University of Trondheim, Norway

**3D approach and volumetry LIMITS**

- 2D image optimization
- Fetal/maternal/probe movements
- Embryo size/gestational age
- Volumetry: interindividual variability of the manual assessment of body contour




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Ultrasound Obstet Gynecol 2005; 18: 475-480

Comparison between two- and three-dimensional ultrasound measurements of nuchal translucency

G. CLEMENSCHITSCH, G. HASENOBRL, H. SCHAFER and H. STENNER

Department of Obstetrics and Gynecology, Perinatal Diagnosis and Therapy Unit, St. Annenkrankenpflanz, Salzburg, Austria

Fetal movements →  
**2D gain**

Fetal position →  
**3D gain**

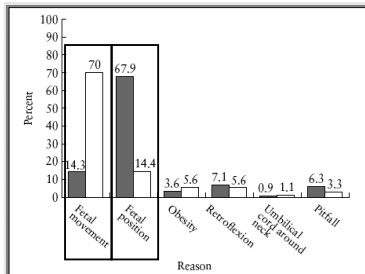


Figure 3 Reasons for failure to obtain three two-dimensional (■) and three-dimensional transabdominal (□) ultrasound measurements (n=218).

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I trimester - CRL

8<sup>+</sup> weeks




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I trimester - BPD




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I trimester

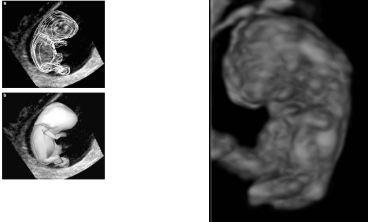
**VOLUMETRY**

Three-dimensional ultrasound volume calculations of human embryos and young fetuses: a study on the volumetry of compound structures and its reproducibility

H.-G. K. RAAS\*, P. TAIPALE†, H. TORPI and S. H. ERKUNEN\*

\*National Center for Fetal Medicine, St. Olof's Hospital, Örebro University Hospital, †Department of Obstetrics & Gynecology, Hyytiälä Hospital, Jyväskylä, Finland and ‡Department of Physics and Biomedical Engineering, University of Twente, Enschede, The Netherlands

Total embryo-fetal body volume estimation




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Fetal trunk and head volume in chromosomally abnormal fetuses at 11 + 0 to 13 + 6 weeks of gestation

O. FALCON, C. F. A. PERALTA, P. CAVORETTO, M. AUER and K. H. NICOLAIDES  
Harris Birthright Research Centre for Fetal Medicine, King's College Hospital Medical School, London, UK

- Trisomy 21 e Monosomy X  
→ CRL  $\approx$  normal  
→ head and trunk volume <10-15% (p<0.004)
- Trisomy 18, Trisomy 13 e Triploidies  
→ CRL <15% (p<0.001)  
→ head and trunk volume <45% (p<0.001)

"In the quantification of the degree of early growth impairment in chromosomally abnormal fetuses, measurement of the fetal trunk and head volume using 3D ultrasound may be better than measurement of CRL."

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Embryo-fetal volume acquisition:

-To store volumes to be re-evaluated either for biometric and anatomic study

-To measure traditional biometry off-line

-To improve accuracy and reproducibility of traditional biometric measurements, either by using anatomical multiplanar reference points and using axial rotation in the presence of sub-optimal fetal position

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