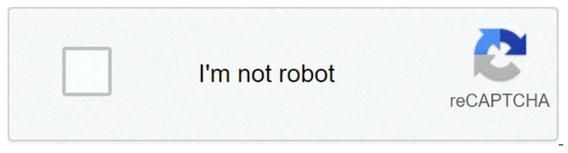

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Nuchal fold thickness at 20 weeks

The purpose of this study was to establish the gestational age (GA)-specific nomograms for the thickness of the nucal fold between 16 and 24 weeks. This retrospective study included 32.207 women who underwent anomaly scan of the second quarter at the Fetal Care Center of National University Hospital from January 2005 to April 2011. Nomograms were traced for the thickness of the nucal fold to each gestation to study its variation with GA. The thickness of the nucal fold has increased with GA in a linear way from 3.13 ±0.68 mm (mean ± SD) to 16 weeks at 5.08 ± 0.76 mm at 24 weeks. The measure of 95th per centile to 24 weeks remained less than 6 mm. A threshold of 6 mm seems to be appropriate for the diagnosis of a thick nap also for gestations between 20 and 24 weeks. Page 2 The purpose of this study was to establish the gestational age (GA)-specific nomograms for the thickness of the nucal fold between 16 and 24 weeks. This retrospective study included 32.207 women who underwent anomaly scan of the second quarter at the Fetal Care Center of National University Hospital from January 2005 to April 2011. Nomograms were traced for the thickness of the nucal fold to each gestation to study its variation with GA. The thickness of the nucal fold has increased with GA in a linear way from 3.13 ±0.68 mm (mean ± SD) to 16 weeks at 5.08 ± 0.76 mm at 24 weeks. The measure of 95th per centile to 24 weeks remained less than 6 mm. A threshold of 6 mm seems to be appropriate for the diagnosis of a thick nap also for gestations between 20 and 24 weeks. I was wondering if someone had been told that their nappie was measured at scanning 20 weeks. I received a call from my doctor to say that the radiologist measured the nucal fold and it was 6mm that it is on the upper limit of normal for this gestation. He said that normallyThey would have reported, but the fact that he needed to warn me that he is a soft marker for T21. Besides this, the scan was perfect. With this measure put my T21 T21to 1:450 down from 1:2200 to scanning 12 weeks. My scans have been reported for review specialists so you feel by them if they think it is of concern. At this stage we are still considered at low risk so we will continue as if nothing had changed, but interested in seeing if others had the same experience. Are you sure you want to eliminate? In this article, the cloud translucency is a collection of fluids under the skin on the back of the neck of the child. The amount of liquid is measured during an ultrasound scan of nucan translucency (NT): between 11 weeks and 14 weeks of pregnancy or when the child measures between 45mm (1.8in) and 84mm (3.3in) (Nicolaides 2011, FASP 2015, UK NSC 2016) All developing children have a little liquid on the back of the neck. But many children with Down syndrome have a greater amount (FASP 2015.) That's why NT scanning is used to help screen for Down syndrome. All pregnant women are offered an NT scan, to help assess whether their children are likely to have Down syndrome. Every woman has the possibility to give birth to a child with Down syndrome. The probability increases when you grow old. A screening test tries to get a clearer estimate if the child can have Down syndrome. I can't tell you that. For example, if the result of your scan shows that you have a possibility on 1,000, this means that for every 1,000 children with your probability level, you will have Down syndrome. A possibility of one out of 150 or less is considered high. Diagnostic tests, such as choreonic villus sampling (CVS) and amniocentesis, can safely say whether the child has Down syndrome or not. However, diagnostic tests bring a small risk of miscarriage. Because of this, your obstetric wants you to have a screening test before you offer a diagnostic test. Thescreening combines the result of nt scanning, with a blood test and other factors, such as your age. the test is designed to give you all the information possible, so you canif or not go on with a diagnostic test. a nt scan must take place at a particular time in your pregnancy. this is between 11 weeks and 13 weeks plus six days, to be exact (nice 2008,) or when the length of the baby crown rum (crl) is between 45mm (1.8in) and 84mm (3,3in). so scanning nt will usually happen next to your dating routine scan. It is difficult to scan before 11 weeks because your child is still so small. would also be too early to combine it with your first trimester blood test. It is too late to scan nt after 14 weeks, as any excess cloud liquid can be absorbed by the lymphatic system of child development. scanning is usually done through the belly using normal ultrasound equipment. the person who performs scanning (sound) will put some gel on the belly and move a portable device (transducer) on the skin. should not do bad, although you can feel some pressure like the sonograph presses the transducer in the skin to get a good view. Sometimes, it is difficult to get a good view through the belly, where the sonograph will ask your permission to perform a vaginal scan. this is especially likely if your breast (uterus) tilts backwards, or if you are overweight. It's safe for you and your baby, and it shouldn't be too uncomfortable. to date pregnancy with precision, the sonograph measures the child from the top of the head to the bottom of its spine. measure the width of the cloud liquid on the back of the neck of the child. the skin will look like a white line, and the fluid under the skin will look black. You will usually see your child's head, spine, limbs, hands and feet on the screen. your sonograph will be able to exclude some major anomalies,problems with the abdominal wall of your child, stomach and skull, to this scan. You will also be offered a more detailed anomaly scan between about 18 weeks and 21 weeks of pregnancy. At this time, the sonograph can see your baby childbetter, then abnormal scanning gives a better idea of how your child is developing. It can help if your partner or friend goes with you to scans, to share the experience and be there when you get the results. Scanning alone collects about 77 percent of children with Down syndrome (Nicolaides 2011.) Sometimes, a scan may suggest that a child has a high probability of having Down syndrome, although the probability is actually low. This is called a false positive. The positive fake rate for an NT scan is five percent (TFMF nd, Nicolaides 2011.) This means that a woman in 20 is mistakenly given a high frequency calculation. Combine a NT scan with a blood test gives a more accurate result. Blood test measures hormone levels, beta-hCG free, and protein, PAPP-A. Children with Down syndrome tend to have high levels of hCG and low levels of PAPP-A. When NT scan is combined with this blood test, the detection rate increases to 90% (Nicolaides 2011.) It's called a combo test. The most accurate screening test is non-invasive prenatal tests (NIPT,) that you can have privately. NIPT cannot tell you for sure if your child has Down syndrome, but it can give you a more accurate risk estimate (Nicolaides 2013.) A less than 3.5 mm NT is considered normal when the child measures between 45mm (1.8in) and 84mm (3.3in) (FASP 2015.) The NT usually grows in proportion with your child (Nicolaides 2011.) The images below give an idea of which different levels of NT resemble. Nucal translucency of 1,3mmNuchal 2.9mmA child translucency with a 1.3mm NT is within the normal range. The child with a 2.9mm NT is also within the limit of the normal range. Nine out of 10 children with a size between 2.5mm and 3.5mm will not have Down syndrome (Nicolaides 2011.) 6mmAs Nucan Translucence the NT increases, so agoprobability of Down syndrome and other chromosome abnormalities. The child with a 6mm NT has a high probability of Down Downas well as other chromosomal abnormalities and heart problems (Nicolaides 2011, Chudleigh et al 2017). It's rare that children have more fluid than that. However, even a normal NT measurement should be considered with the result of blood test and other factors, such as your age. The sonograph will enter the NT measurement, blood test results and other factors in a database to generate a more accurate estimate of the possibility of Down syndrome. Most women have given a high probability (one out of 150 or less) will continue to have a child without Down syndrome. Even with an opportunity of one out of five, there's still four out of five chances your baby doesn't have Down. However, it is natural to feel anxious and uncertain about what to do. If you fall into the high-strength category, your doctor will take you to a specialized team at your nearest fetal medical unit (FMU). The FMU team consists of specialist and obstetric doctors. It will take time to control your child, discuss their results, and explore options with you. The only way to know for certain whether the child has Down syndrome or another chromosomal abnormality is to have a diagnostic test, such as CVS or amniocentesis. Since these tests bring a risk of miscarriage, this decision can be difficult, but it is not necessary to decide quickly. One advantage of the combined test is that you soon have it in your pregnancy, which gives you plenty of time to decide the next steps. You can have a CVS and get the result while you are still in your first quarter. If you're not sure, you can wait up to 15 weeks and have amniocentesis. Your FMU team will accurately explain these diagnostic tests. You will also have the opportunity to talk about what anomalies could mean for the health and future development of your child (Skirton et al 2014). Since 2018, if you live in England and have ahigh resistance from the combined test, you will be offered non-invasive prenatal tests (NIPT) through the NHS. (Mackie 2016, 2016) 2016)NSC 2016) NIPT is a highly accurate screening test (Mackie 2016, UK NSC 2016), so you will be offered only a CVS or amniocentesis if the NIPT result confirms that your child has a very high probability of a chromosomal anomaly. NIPT is currently only available in private. Some parents who discover that their unborn child is affected by abnormalities can take into account the difficult decision about whether to end pregnancy. However, you should never be able to take into account the end of pregnancy based on the NT scan results alone. Always ask for a second opinion if you are somehow unhappy with the advice you are given. Your sonograph will give you a risk calculation for Edwards syndrome and Patau syndrome, which are two other chromosomal abnormalities (PHE 2014). These conditions are much more rare than Down syndrome, and unfortunately most of the affected pregnancies end in miscarriage. Children with these conditions usually also have abnormalities that can be seen on NT scan or abnormal scanning at 20 weeks. More information Chudleigh T, Smith A, Cumming S. 2017. Dating and screening of pregnancy between 10 and 14 weeks In: Ultrasonic and Gynaecological E-Book: How, why and when. Other: London, pp 123-59. FASP. 2015. Down's, Edwards' and Patau's screening of the syndromes. Handbook for laboratories Program of screening of fetal anomaly. www.gov.uk [Accesso July 2017] Mackie A. 2016. Added non-invasive test to improve projection for pregnant women. Blog, PHE screening. Public health England. phescreening.blog.gov.uk [Access July 2017] NHS Scotland. 2016. Your guide to screening tests during pregnancy. www.healthscotland.com [Access July 2017] NICE. 2008. Antenatal care for simple pregnancies. CG62. Updated January 2017. National Institute for Health andby Cura. www.nice.org.uk [Access July 2017] Nicolaides KH. 2011. Projection of fetal aneuploidies at 11-13 weeks. 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UK NSC recommendation on screening of Down Syndrome in Pregnancy UK National Screening Committee. legacyscreening.phe.org.uk [Access July 2017] Show references Hide Nuchal edema references in the second quarter between 15 and 23 weeks is known as the nucale fold. Nuchal's thickening was the first of the non-structural markers identified and remains the most predictive single sound marker. [12] The measurement is carried out in the transversal plane of the fetal head slightly out of the biparietal diameter, which includes the cerebellum, occipital bone, and the cavum pellucidum septo (Figure 1). The nucleus fold is measured with positioning of pliers from the outer edge of the occipital bone to the outer edge of the skin.[21,22] The initial studies suggested a cutoff of 6 mm,[10.23,24,25] although later studies with the ROC curve analysis suggested that 5 mm is a single cut better than 20 weeks.[26,27] Even more recent studies suggest that specific age criteriashould be used, because the wedding thickness normally increases with the gestational age.[28,29,30] gestational. [28,29,30]The ratios (LR)1 can therefore be calculated for the entire range of nucal thickness measurements.[28,29] Figure 1. The axial image of the fetal head shows the thickening of the napal fold. The nuke is measured during the second quarter on an axial image slightly outside the biparietal diameter plane. The cerebellum, the magna cistern and the occipital bone must be seen. The soft tissue is measured by the external echogenic line of the occipital bone to the external line of the echogenic skin. 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