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Isolated echogenic bowel

Information for healthcare professionals

Aim of leaflet

The aim of this document is to provide information for healthcare professionals about isolated echogenic bowel identified at the 18^{+0} to 20^{+6} weeks fetal anomaly scan.

What is it?

The term echogenic bowel is used when loops of fetal bowel appear as bright as bone on the ultrasound screen at the 18^{+0} to 20^{+6} weeks fetal anomaly scan. When making a diagnosis of echogenic bowel it is important to decrease the ultrasound 'gain' and compare the brightness with either the femur or iliac crest.[1]

What causes it?

The majority of fetuses identified with echogenic bowel are normal. There are several causes for echogenic bowel but usually there is no underlying cause identified and it is not found to be associated with pathology. There are, however, established associations with:

- cystic fibrosis (CF), which is presumed to be secondary to increased meconium viscosity
- the fetus swallowing blood following intra-amniotic bleeding (of no long-term significance)
- inflammation of the bowel serosa secondary to congenital viral infection, e.g. cytomegalovirus infection (CMV)
- bowel obstruction
- chromosome anomalies such as Trisomy 21
- intrauterine growth restriction (IUGR)

How common is it?

Echogenic bowel is seen in less than 1% of pregnancies and in the vast majority of cases the baby will be normal.

Care following the ultrasound examination

It is important that the woman is given clear information about what has been found at the ultrasound examination. Initially, this explanation will be given by the sonographer who undertook the scan.

Information should be tailored to the individual and given in a staged, unhurried and sympathetic way. The woman may be shocked or upset and, for this reason, might not absorb what the sonographer says. She should be offered an information leaflet about the finding which she can take away and read in her own time.

The woman should be offered another appointment to see her obstetrician (or midwife) to discuss the findings and then referred to an ultrasound specialist and/or fetal medicine specialist for a more detailed ultrasound examination.

It is likely that the specialist will offer the option of blood tests to exclude a number of conditions which can be associated with bright bowel such as cytomegalovirus infection (CMV). Parental cystic fibrosis (CF) mutation screening and invasive testing by amniocentesis may also be offered.

Contact information about agencies that can provide external support such as Antenatal Results and Choices (ARC) should be offered to the woman.[2]

Antenatal Results and Choices (ARC)
ARC provides impartial information and individual support to parents going through antenatal screening or whose unborn baby has been diagnosed with an abnormality.
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References

1. Nicolaides K, Pilau G. *Diagnosis of fetal abnormalities: the 18–20 week scan.* New York: Parthenon Publishing Group; 1999.

2. Kirwan D, NHS Fetal Anomaly Screening Programme. *18^{+0} to 20^{+6} Weeks Fetal Anomaly Scan National Standards and Guidance for England.* Exeter: NHS Fetal Anomaly Screening Programme; 2010.