

Choroid Plexus Cyst

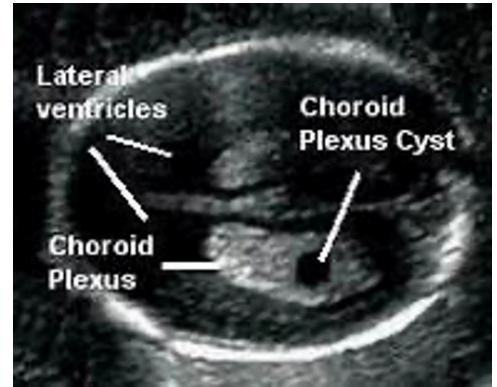
You have learned from your ultrasound examination that your baby has a choroid plexus cyst(s). Most often, this is a normal finding. Rarely this finding is associated with a specific chromosome abnormality. This fact sheet is designed to provide you with information about this ultrasound finding and answer the most commonly asked questions.

What is the choroid plexus?

The choroid plexus is a small fluid filled structure contained within an area of the brain known as the ventricles. The choroid plexus manufactures and filters the fluid that circulates within the brain and the spinal cord. The choroid plexus is not an area of the brain involved in thinking, moving or breathing.

What are Choroid Plexus Cysts?

A choroid plexus cyst (CPC) is not a structural or functional abnormality of the fetal brain. Choroid plexus cysts develop when cerebral spinal fluid (CSF) temporarily accumulates within the folds of the choroid plexus. This creates the appearance of a "cyst." CPCs are seen in approximately 1-2% of babies in the second trimester of pregnancy. They may be present on one or both sides of the brain. The number, size, and shape of the cysts may vary. Additional cysts or size are not associated with an increased risk. Choroid plexus cysts are considered a normal variation of development. Often they resolve by 28 weeks of pregnancy, but they have been seen in healthy children and adults. They do not interfere with normal brain development.



If this is a common variation, then why do I need to know about it?

While choroid plexus cysts are not harmful to the baby, they have occasionally been associated with a chromosome abnormality called Trisomy 18. Trisomy 18 occurs when there is an extra copy of chromosome 18. Babies with Trisomy 18 have other serious abnormalities that will limit their life expectancy, and that are usually identified by ultrasound. No connection between CPCs and Down syndrome has been established in the literature.

What additional testing could I consider?

If you have had first trimester screening for common chromosome conditions, including Trisomy 18, and your blood testing result was negative (low risk), CPCs are considered a normal variant (not a concern) and no further testing is recommended. If you have not had blood screening, you may consider it no. No additional ultrasounds are recommended for this finding.

Please remember that a CPC is a common finding, and most often the fetus is not affected with Trisomy 18. If you would like to discuss this further, a counselor is available at 781-624-5041.

Thank you for choosing Maternal Fetal Medicine at South Shore Hospital.