## Vein of Galen Aneurysm: Prenatal Ultrasound Diagnosis

## Aneurisma da Veia de Galeno: Diagnóstico Ecográfico Pré-Natal



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Figure 1 – Dilated cerebral midline anechoic tubular structure draining into a dilated sagittal sinus: keyhole appearance

A 39-year-old woman, with a low risk pregnancy and normal ultrasound findings during the first and second trimesters, performed an ultrasound at 32 weeks that revealed a large anechogenic tubular structure, located in the midline of the fetal brain, supratentorial and non-pulsatile with a characteristic keyhole appearance (Fig. 1) and an internal turbulent flow (Fig. 2), suggesting the diagnosis of aneurysm of the vein of Galen.<sup>1-3</sup> This is a rare arteriovenous anomaly, comprising less than 1% of all intracranial



Figure 2 – Characteristic turbulent flow showed with color Doppler

vascular malformations, usually diagnosed during the third trimester with ultrasound color Doppler.<sup>3</sup> Intrauterine signs of congestive cardiac failure are common and worsen the prognosis.<sup>4,5</sup> In this case, fetal echocardiograms revealed cardiomegaly with progressive right sided cardiac dilatation and tricuspid regurgitation; signs of heart failure (ascites and pericardial effusion) emerged. At 39 weeks, a 3038 g female infant was delivered by cesarean section and died nine hours later due to multi-organ failure.

PROTECTION OF HUMANS AND ANIMALS: The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association.

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## REFERENCES

- 1. Santo S, Pinto L, Clode N, Cardoso E, Marques JP, Melo A, et al. Prenatal ultrasonographic diagnosis of vein of Galen aneurysms report of two cases. J Matern Fetal Neonatal Med. 2008;21:209-11.
- Sepulveda W, Platt C, Fisk N. Prenatal diagnosis of cerebral arteriovenous malformation using color Doppler ultrasonography: case report and review of the literature. Ultrasound Obstet Gynecol. 1995;6:282–6.
- Mai R, Rempen A, Kristen P. Prenatal diagnosis of a vein of Galen aneurysm assessed by pulsed and color Doppler sonography. Ultrasound Obstet Gynecol. 1996;7:228–30.
- 4. Has R, Gunay S, Ibrahimoglu L. Prenatal diagnosis of a vein of Galen aneurysm. Fetal Diagn Ther. 2003;18:36-40.
- 5. Sasidharan CK, Anoop P, Vijayakumar M, Jayakrishnan MP, Reetha G, Sindhu TG. Spectrum of clinical presentations of vein of galen aneurysm. Indian J Pediatr. 2004;7:459-63.

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