

Three Dimensional Ultrasound in Obstetrics



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Outline

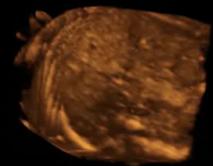
- What is 3D ultrasound?
- How to optimize your 3D image?
- Provide you with 10 compelling clinical advantages of 3D ultrasound in the Ob practice?
- Highlight the scientific evidence for 3D over 2D in Obstetric ultrasound?
- Present my view into the future of 3D

What is 3D ultrasound ?

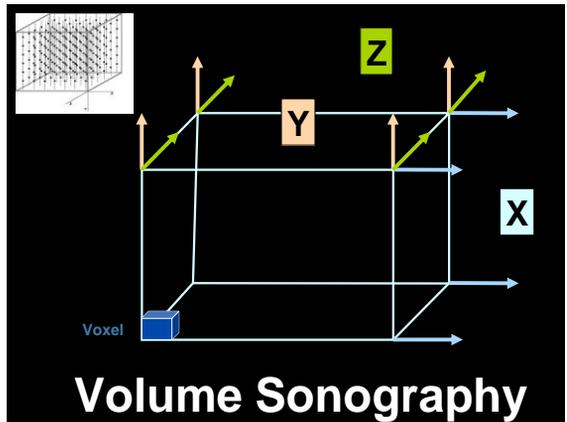
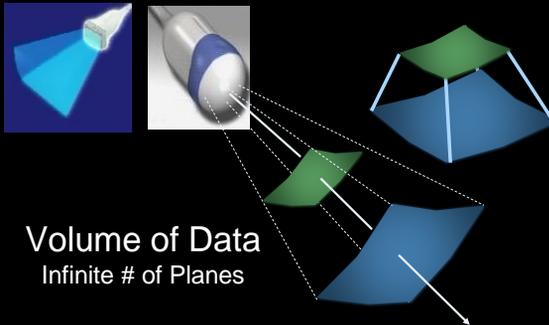
2D US

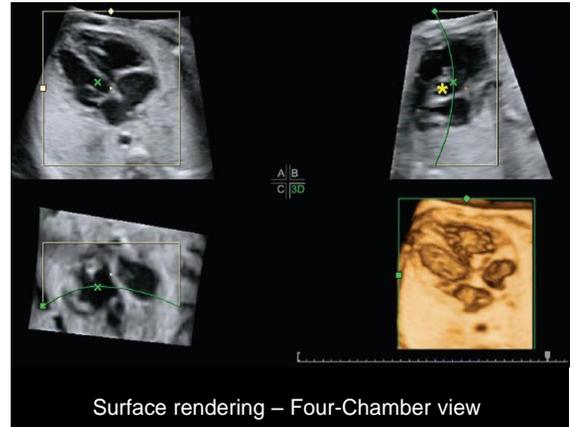
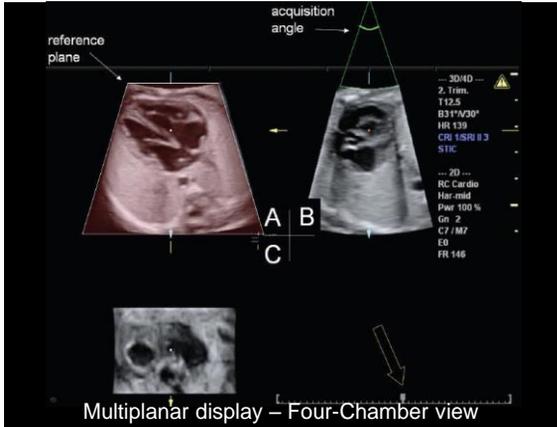


3D US



3D Ultrasound



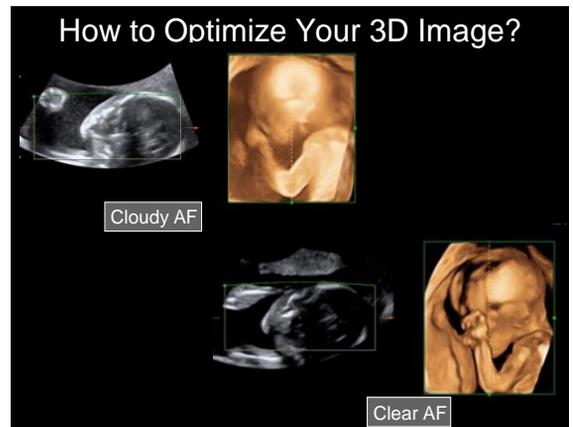
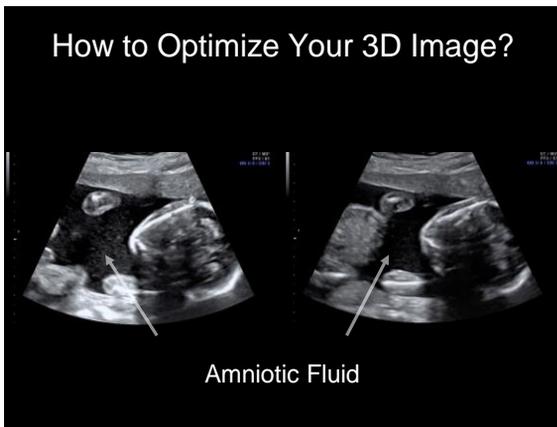


How to Optimize Your 3D Image?

- Minimize the depth on the screen
- Narrow the sector width
- Adjust the focal zone to the target level
- Avoid shadowing by skeleton
- Enhance 2D image first
- Place your acquisition box close to target organ
- Maximize speed of acquisition

How to Optimize Your 3D Image?

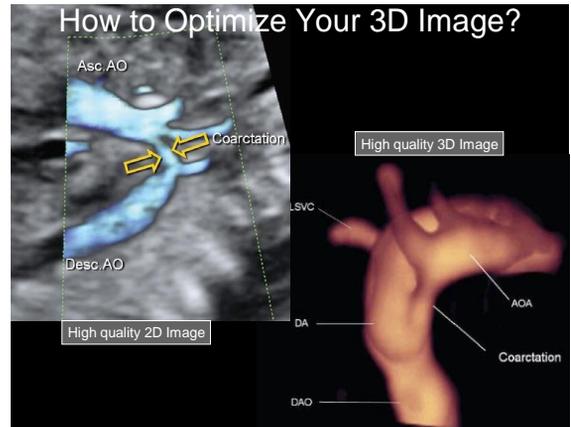
- In general, the darker the amniotic fluid – the better your 3D volume (surface rendering and resolution in planes B and C)



How to Optimize Your 3D Image?

What The Experts Don't Tell You:

- The quality of 3D is so much dependent on the quality of 2D imaging in all its aspects –
- Major limitation of current 3D ultrasound



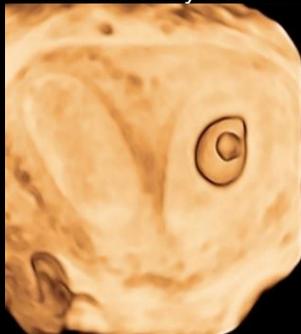
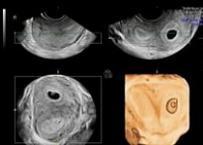
advantages of 3D US ?



Advantages of 3D Ultrasound

1- Review Planes Unobtainable by 2D Ultrasound

Review Planes Unobtainable by 2D US

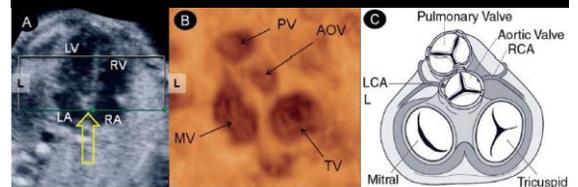


Coronal view of uterus - Septate

	Sensitivity	Specificity
Ultrasound 3D	98-100%	100%
MR	28.6-100%	66-100%

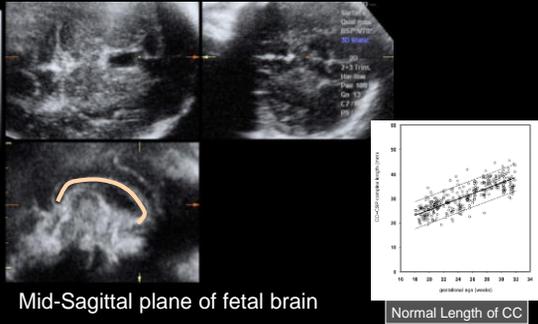
J Ultrasound Med. 2008;27:413-23.

Review Planes Unobtainable by 2D US



Surface rendering – cardiac valves

Review Planes Unobtainable by 2D US



Mid-Sagittal plane of fetal brain

J Ultrasound Med 2011;30:47-53

Review Planes Unobtainable by 2D US

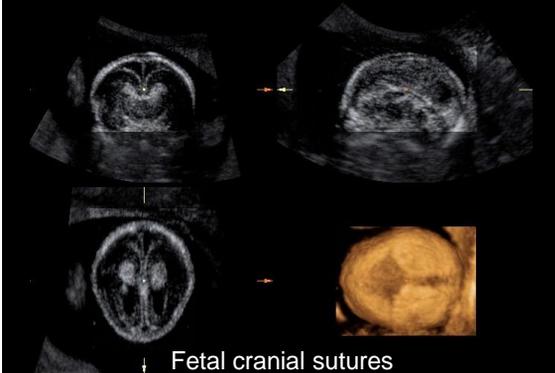
Midline Anomalies of Fetal Brain

- 3D median planes are more easily obtained
- Allow for accurate diagnosis of anomalies
- Valuable approach for rapid assessment of corpus callosum and cerebellar vermis

Ultrasound Obstet Gynecol, 2006 Oct;28(5):742

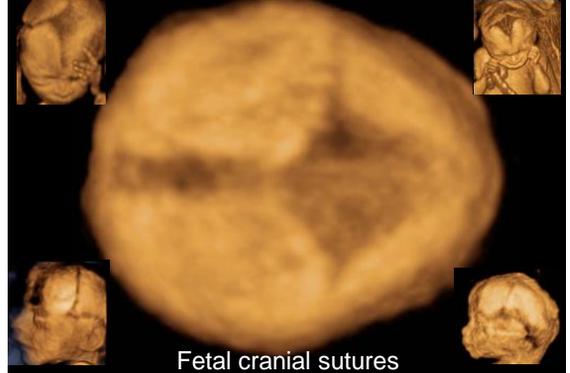
Ultrasound Obstet Gynecol 2012; 39:279-287

Review Planes Unobtainable by 2D US



Fetal cranial sutures

Review Planes Unobtainable by 2D US



Fetal cranial sutures

Review Planes Unobtainable by 2D US

Fetal Cranial Sutures

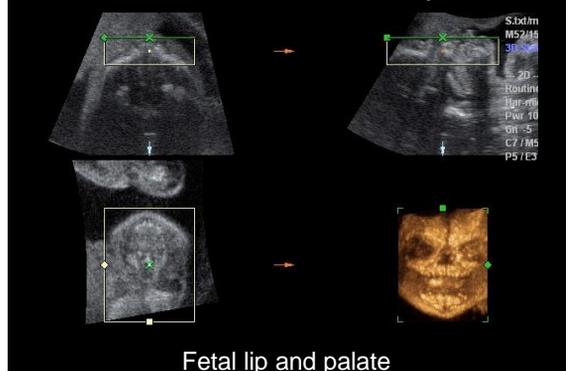
- Patterns of normal and abnormal development described
- Premature closure of coronal sutures in Apert syndrome
- Development of sutures in Trisomy 21 described

Ultrasound Obstet Gynecol, 2006 Mar;27(3):286

Ultrasound Obstet Gynecol, 2006 Jan;27(1):28

Ultrasound Obstet Gynecol, 2005 Dec;26(7):761

Review Planes Unobtainable by 2D US

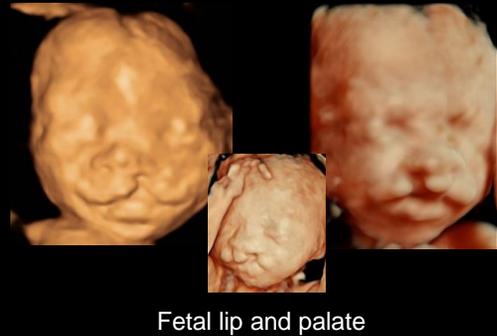


Fetal lip and palate

Review Planes Unobtainable by 2D US



Review Planes Unobtainable by 2D US



Review Planes Unobtainable by 2D US

Fetal Cleft Lip / Palate

- Flipped face view
- Reverse face view
- Underside view
- 30° inclined axial view

Ultrasound Obstet Gynecol 2007 Feb;29(2):159 - Ultrasound Obstet Gynecol 2005 Jan;25(1):12
 J Ultrasound Med 2006 Nov;25(11):1423 - Ultrasound Obstet Gynecol 2008; 31:652-656

Review Planes Unobtainable by 2D US

Fetal Cleft Lip / Palate



Review Planes Unobtainable by 2D US

Fetal Cleft Lip / Palate

- Prospective study, low risk
- 1856 second trimester pregnancies
- Diagnosis at first scan:
 87 % (3D) vs 78 % (2D)

J Evid Based Dent Pract 2006 Dec;6(4):278

Review Planes Unobtainable by 2D US

Fetal Facial / Neck Anomalies

Table 2. Diagnostic Accuracy of 3D/4DUS and 2DUS in Detecting 131 Anomalies in Fetuses With Trisomy 18

Anomalies	Sensitivity, %		PPV, %	
	3D/4DUS	2DUS	3D/4DUS	2DUS
CNS	96.55	86.21	80	75.76
Esophagus	96.15	82.38	88.13	82.27
Abdomen	92.86	83.71	86.67	85.71
Extremities	96.3a	48.15	89.66	81.25
Chest	80	60	92.31	90
Other	95	100	100	100
Total	93.89 ^b	73.28	86.01	83.47

PPV indicates positive predictive value.
^aP < .05.

J Ultrasound Med 2008; 27: 1041-1051

Review Planes Unobtainable by 2D US



Incidence of absent ribs in low-risk fetuses is 6%

Fetal skeletal system

Ultrasound Obstet Gynecol 2008;32:506-509

Advantages of 3D Ultrasound

2- Review Topographic Anatomy (skin)

Review Topographic Anatomy



Review Topographic Anatomy



Review Topographic Anatomy



Fetal Ears

Review Topographic Anatomy



Fetal Extremities

Review Topographic Anatomy



Fetal Extremities

Review Planes Unobtainable by 2D US

Fetal Extremities

Table 2. Diagnostic Accuracy of 3D/4DUS and 2DUS in Detecting 131 Anomalies in Fetuses With Trisomy 18

Anomalies	Sensitivity, %		PPV, %	
	3D/4DUS	2DUS	3D/4DUS	2DUS
CNS	96.55	86.21	80	75.76
Face/neck	96.15 ^a	65.38	78.13	77.27
Abdomen	92.86	85.71	86.67	85.71
Extremities	86.2%	86.1%	83.8%	83.2%
Chest	80	60	92.31	90
Other	95	100	100	100
Total	93.89 ^a	73.28	86.01	83.47

PPV indicates positive predictive value.
^aP < .05.

J Ultrasound Med 2008; 27: 1041-1051

Review Topographic Anatomy



Fetal Chest

Advantages of 3D Ultrasound

3- Rotate Volumes To View All Sides

Rotate Volumes to View all Sides



Normal Fetal Face

Advantages of 3D Ultrasound

4- Highlight Elements Within Volumes

Highlight Elements Within Volumes



Fetal Achondroplasia

Highlight Elements Within Volumes



Prune Belly Syndrome

Highlight Elements Within Volumes (Inverse Mode)



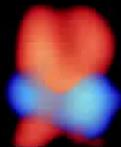
Prune Belly Syndrome

Advantages of 3D Ultrasound

5- Better Display of
Vasculature within Volumes
or Organs

11 wks

Display of Vasculature

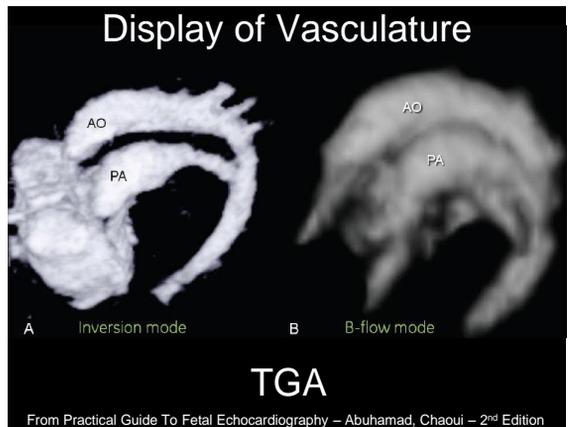
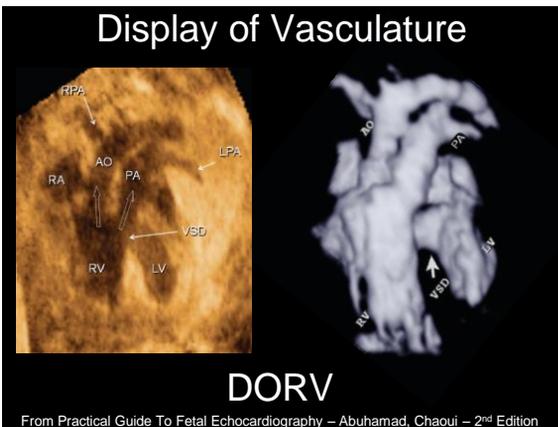
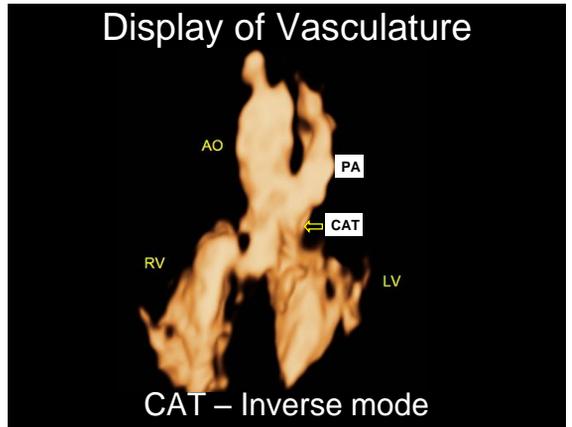
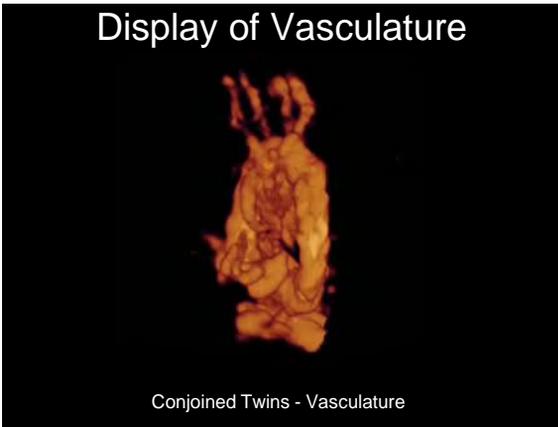
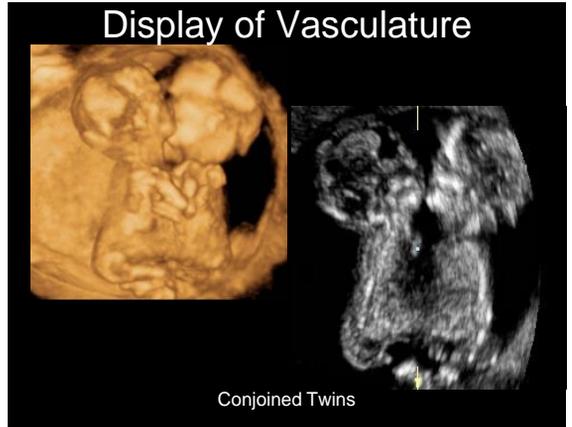
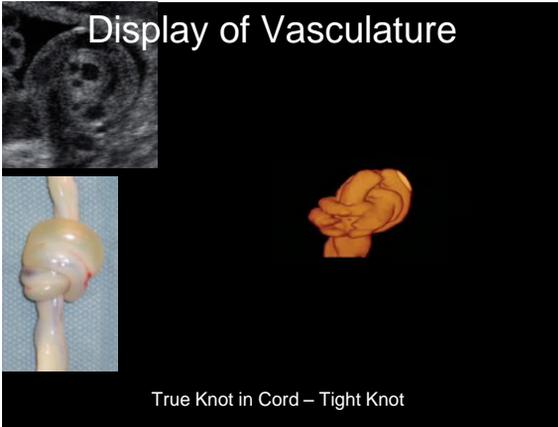


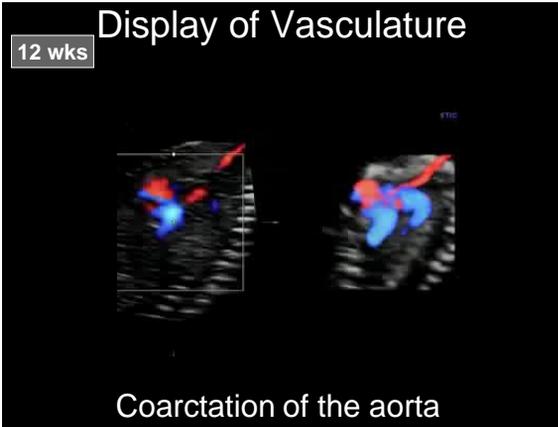
4-Chamber View - Normal

Display of Vasculature



True Knot in Cord – Loose Knot





Advantages of 3D Ultrasound

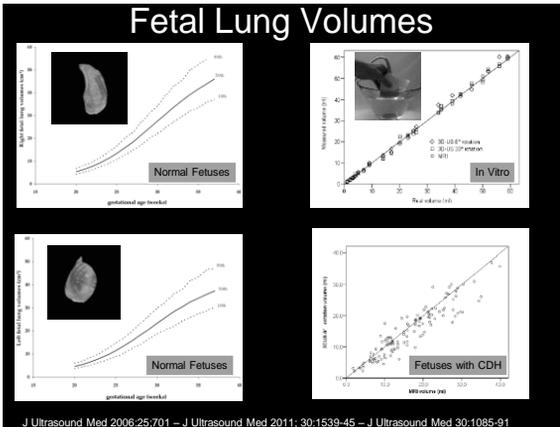
6- Enhanced Accuracy of Organ Volume Measurements

Volume Measurements

Lung Volume / Pulmonary Hypoplasia

- 3D US had best diagnostic accuracy
- PPV: 100%, NPV: 92%
- Superior to 2D biometric parameters

Prenat Diagn, 2007 Mar;27(3):216



Volume Measurements

Accuracy

Table 1. Voluntary studies of fetal organs with scored values at representative and comparable gestational ages.

Final organ/body	Year	Country	Fetus (n)	Design	Method	G.A. (weeks)	Volume difference (mL)	P (Z-test)
Brain								
Baltes et al. ¹⁷	2001	Netherlands	48	Longitudinal	3D US, 2D	29	177	<.01
Chang et al. ²⁴	2001	Taiwan	203	Cross-sectional	Multiplane	29	194.29	0
Epstein and Cohen ¹⁸	2001	USA	61	Cross-sectional	Multiplane	29	227.74	<.01
Leiberman ¹⁹	2001	Taiwan	113	Longitudinal	Multiplane	31	4.2	<.01
Hirose et al. ²⁰	2001	Taiwan	120	Cross-sectional	Multiplane	32	16.27	0.009
Wang et al. ²¹	2001	Taiwan	27	Longitudinal	3D US, 2D	32	11.09	0.16
Blanco et al. ²²	2001	USA	617	Cross-sectional	3D US, 2D	33	No data at 30 weeks	
Blanco et al. ²³	2004	Norway	88	Cross-sectional	Multiplane	30	8.24	<.01
Chang et al. ²⁴	2004	Taiwan	72	Cross-sectional	3D US, 2D	30	8.62	<.01
Chang et al. ²⁵	2004	Taiwan	48	Cross-sectional	3D US, 2D	30	8.12	<.01
Wang et al. ²⁶	2004	Taiwan	62	Longitudinal	3D US, 2D	30	5.2	0.12
Wang et al. ²⁷	2004	Taiwan	30	Cross-sectional	3D US, 2D	30	3.88	0.19
Wang et al. ²⁸	2004	Taiwan	68	Cross-sectional	Multiplane	30	3.88	0.19
Wang et al. ²⁹	2004	Taiwan	20	Longitudinal	3D US, 2D	30	4.2	0.17
Wang et al. ³⁰	2004	Taiwan	613	Longitudinal	Multiplane	38	3.8	<.01
Chang et al. ³¹	2007	Taiwan	308	Cross-sectional	Multiplane	38	3.82	0.009
Chang et al. ³²	2003	Taiwan	226	Cross-sectional	Multiplane	31	14.97	0
Chang et al. ³³	2007	Taiwan	18	Cross-sectional	Multiplane	31	13.62	0.19
Bull et al. ³⁴	2001	Spain	18	Longitudinal	Multiplane	31	1.13	0.13
Bull et al. ³⁵	2002	Netherlands	83	Cross-sectional	Multiplane	32	10.42	0.11
Landy et al. ³⁶	1998	Netherlands	23	Cross-sectional	Multiplane	32	7.92	0.21
De Vries-Roos et al. ³⁷	2001	Belgium	53	Longitudinal	Multiplane	32	7.4	0.26
Hirose et al. ³⁸	2001	Taiwan	20	Cross-sectional	Multiplane (I)	29	17.2	<.01
Hirose et al. ³⁹	2007	Taiwan	18	Longitudinal	Multiplane	29	24.78	<.01
Chang et al. ⁴⁰	2002	Taiwan	122	Cross-sectional	Multiplane	29	10.49	<.01
Hirose et al. ⁴¹	2001	Taiwan	78	Longitudinal	Multiplane (I)	29	23.20	<.01
Morales et al. ⁴²	2001	Spain	122	Cross-sectional	2D US, Multiplane	29	10.81	<.01
Chang et al. ⁴³	2001	Taiwan	102	Cross-sectional	Multiplane	29	12.91	<.01
Chang et al. ⁴⁴	2001	Taiwan	92	Cross-sectional	Multiplane	29	12.91	<.01
Bull et al. ⁴⁵	2001	Spain	30	Cross-sectional	3D US, 2D	29	11.81	0.009
Brody et al. ⁴⁶	2004	USA	160	Cross-sectional	3D US, 2D	29	10.12	0.049
Bull et al. ⁴⁷	2004	Taiwan	78	Longitudinal	3D US, 2D	29	10.8	0.17
Chang et al. ⁴⁸	2004	Netherlands	78	Longitudinal	Multiplane (I)	29	10.42	0.19
Landy et al. ⁴⁹	1998	Netherlands	29	Cross-sectional	Multiplane (I)	29	12.17	0.16
Landy et al. ⁵⁰	1998	USA	71	Longitudinal	Multiplane	29	6.13	0.14
Hirose et al. ⁵¹	2000	Taiwan	112	Cross-sectional	Multiplane	28	7.5	<.01
Hirose et al. ⁵²	2000	Taiwan	107	Longitudinal	Multiplane	28	10.17	0.17
Tsu et al. ⁵³	2000	Taiwan	118	Cross-sectional	Multiplane	28	11.86	0

Ultrasound Obstet Gynecol, 2011; 38:613-619

Advantages of 3D Ultrasound

7- Enhanced Estimation of Fetal Weight

3D Ultrasound

Estimation of Fetal Weight

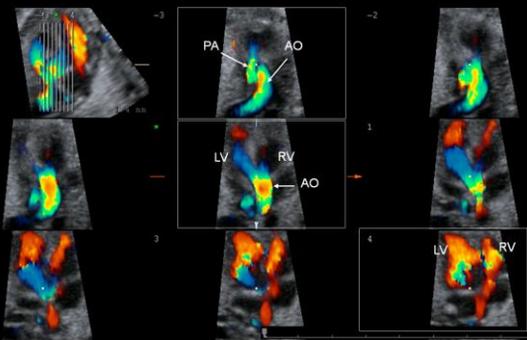
- Fractional limb volume (EFW)
- Upper arm volume (IUGR)

J Ultrasound Med. 2001 Dec;20(12):1283
Ultrasound Med Biol. 2005 Nov;31(11):1435

Advantages of 3D Ultrasound

8- Display of Multiple Planes in One View

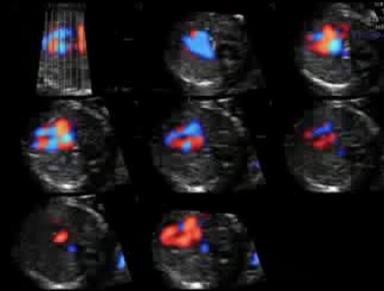
Display of Multiple Planes in One View



TOF - TUI

Display of Multiple Planes in One View

11 wks



Advantages of 3D Ultrasound

9- Enhanced Display of 2D Ultrasound

Enhance Display of 2D Planes



Pentalogy of Cantrell

Enhance Display of 2D Planes

Dandy Walker – 11 weeks



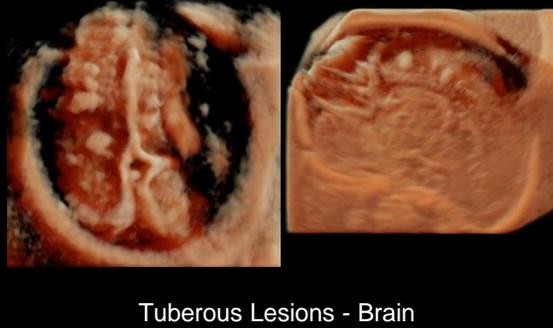
Sinkovskaya-Abuhamad, Prenatal Diag 2012

Enhance Display of 2D Planes



Tuberous Lesions - Brain

Enhance Display of 2D Planes



Tuberous Lesions - Brain

Advantages of 3D Ultrasound

10- Ability to submit Volumes for Remote Expert Review

Submit 3D Volumes for Review

CNS Anomalies

Table 2. Diagnostic Indices of 3-Dimensional Volumes in the Identification of Fetal Central Nervous System Anomalies

Volumes	Sensitivity, %	Specificity, %	PPV, %	NPV, %	FP, %	FN, %
All	93.3	96.5	96.5	93.3	3.5	6.7
Transabdominal acquisition	93.6	98.3	98.3	93.5	1.7	6.5
Transvaginal acquisition	92.0	94.5	96.8	86.7	3.2	13.3
Gestational age 18-24 wk	92.2	96.8	96.5	92.9	3.5	7.1
Gestational age 24-30 wk	98.4	93.6	96.4	97.2	3.6	2.8

FN indicates false-negative rate; FP, false-positive rate; NPV, negative predictive value; and PPV, positive predictive value.

Table 3. Diagnostic Indices of Different Central Nervous System Anomalies Identified by 3-Dimensional Volumes

Anomaly	Sensitivity, %	Specificity, %	PPV, %	NPV, %	FP, %	FN, %
Ventriculomegaly/hydrocephaly	85.6	96.5	87.4	96.9	12.6	4.1
Corpus callosum anomalies	89.5	96.5	82.5	98.0	17.5	2.0
Posterior fossa anomalies	87.2	96.5	81.3	97	18.7	2.3
Holoprosencephaly	100.0	96.5	52.6	100.0	47.4	0.0
Neural tube defects	92.3	96.5	76.9	99.0	23.1	1.0
Cystic lesions	95.0	96.5	61.3	93.7	38.7	0.3
Clivum/septi pellucidi anomalies	94.3	96.5	64.7	99.6	35.3	0.4
Other	70.0	96.5	53.8	98.2	46.2	1.8

FN indicates false-negative rate; FP, false-positive rate; NPV, negative predictive value; and PPV, positive predictive value.

3D Ultrasound

What is My View of the Future of 3D Ultrasound?

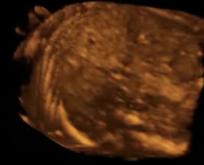
2 Important Concepts in 3D Sonography



3D Ultrasound

Concept 1:

Acquired volume of a structure contains all the anatomical 2D planes for a complete evaluation of this structure



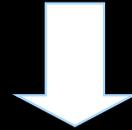
3D Ultrasound

Concept 2:

For every organ, 2D anatomical planes that are needed for a complete evaluation are organized in a constant anatomic relationship to each others.

3D Ultrasound

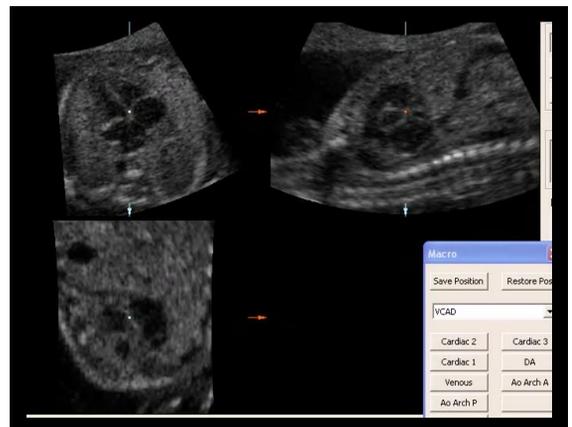
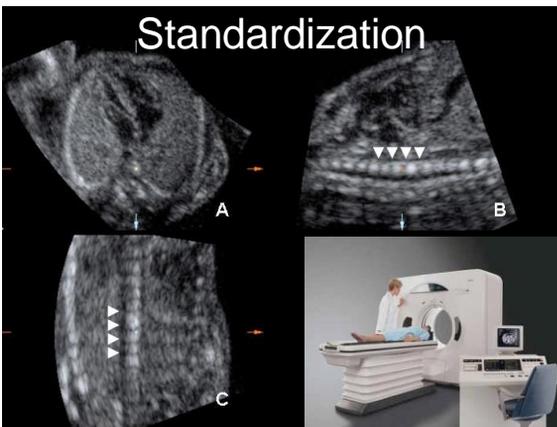
Obtain a volume of an organ



Computerized program to automatically display all 2D planes that are required for a complete evaluation of this particular organ.

Automated Sonography

Standardization



3D Ultrasound

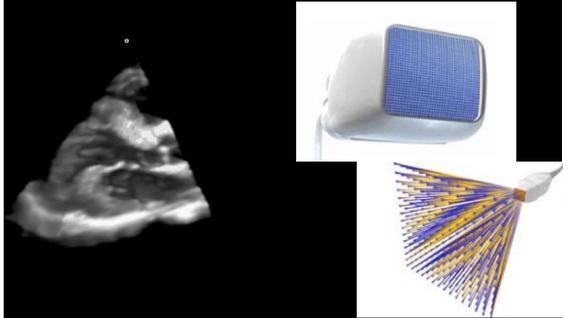
Will Lead to:

- Standardization
- Simplification
- Automation



of the ultrasound examination

Advanced 3D Probes



<http://www.cardiovascularultrasound.com/content/11/12/suppl/S2>
<http://wikiradiography.com/page/Ultrasound+physics?t=anon>

3D Ultrasound

- Optimization of display of 3D ultrasound is dependent on the quality of the 2D image
- Several 3D ultrasound clinical applications exist in advanced obstetrical imaging
- Future of 3D technology is promising especially in the field of ultrasound automation

