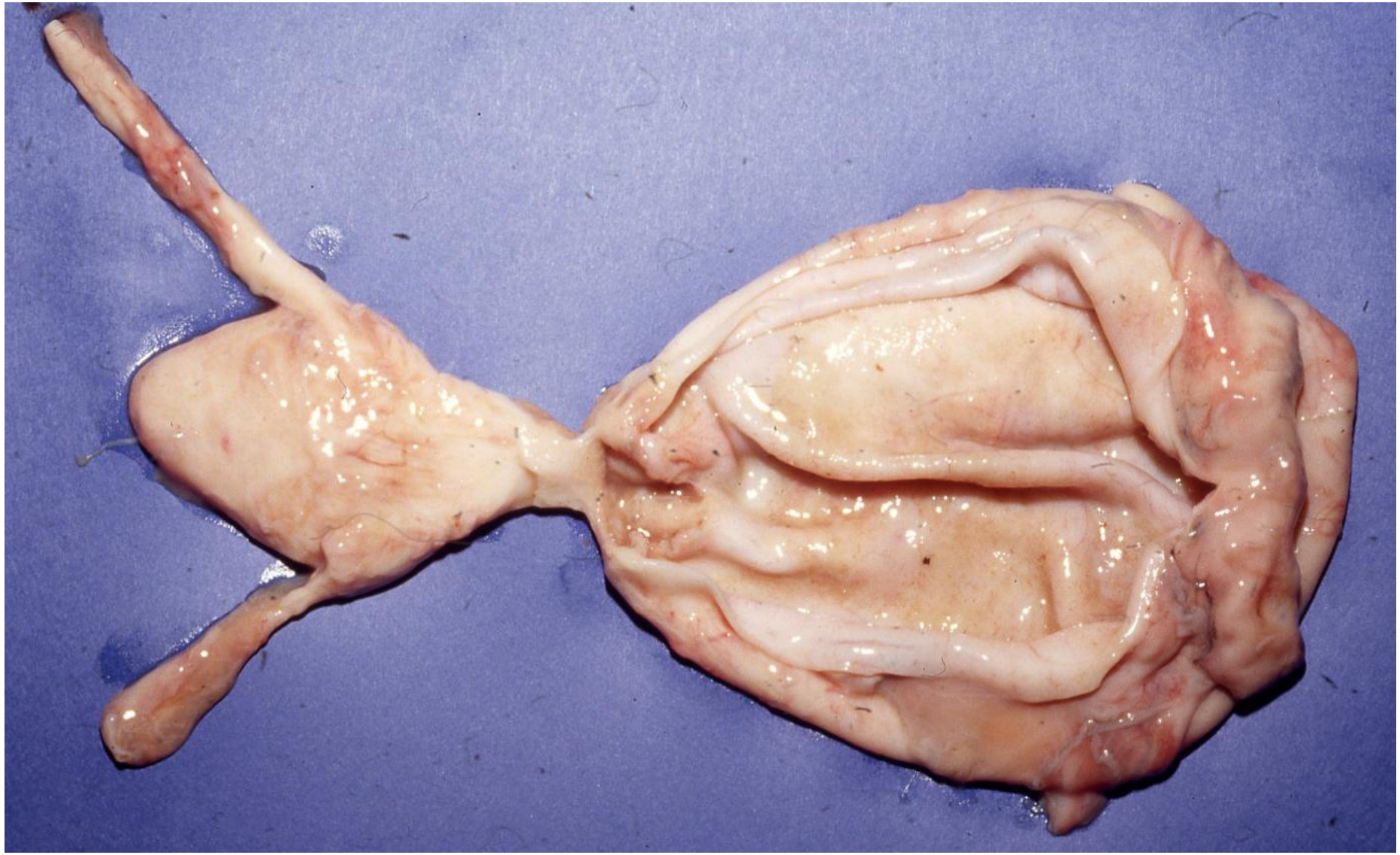
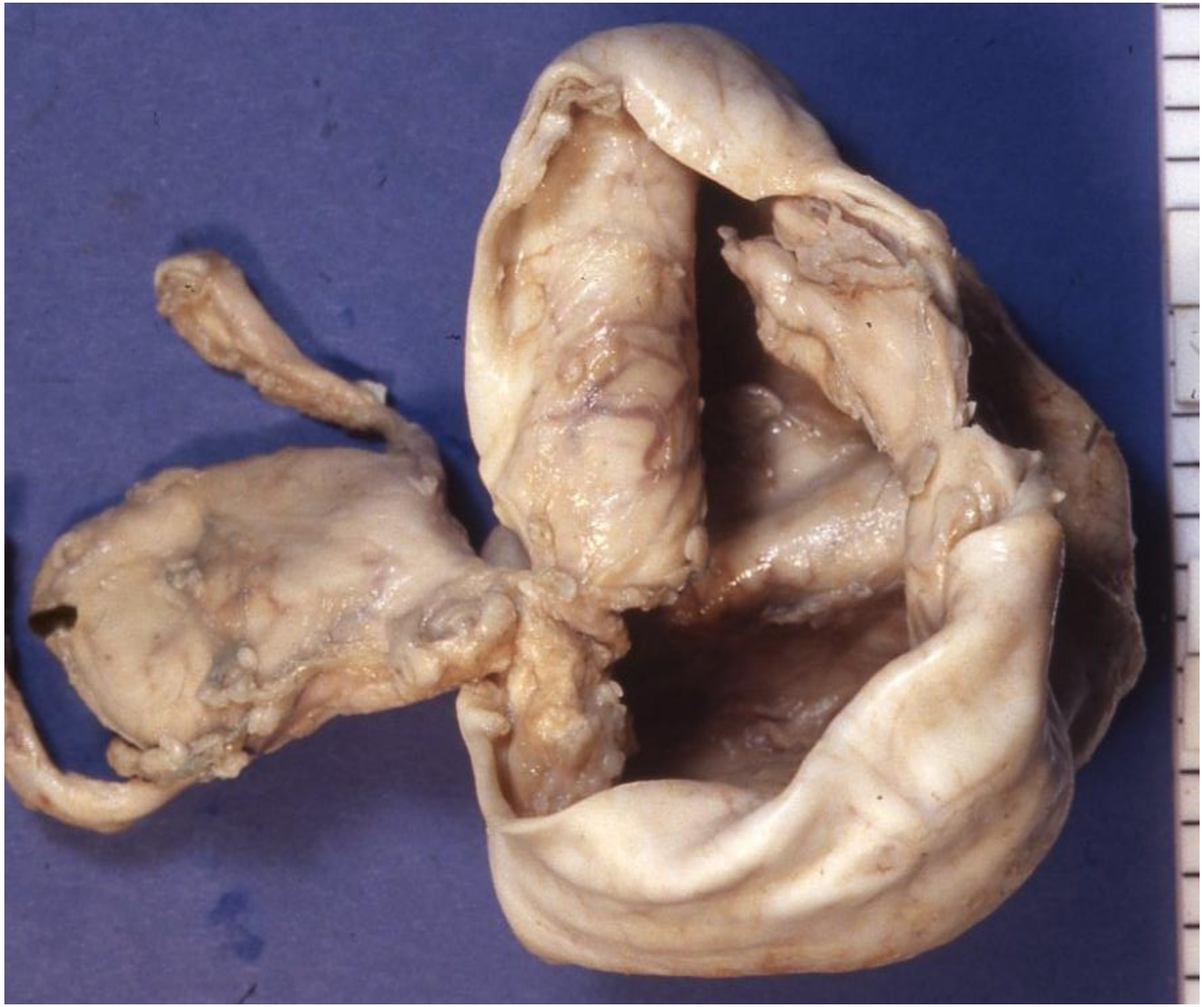
Fetal megacystis

Fetal megacystis is associated with a thickened bladder wall. Oligohydramnios is commonly seen. The causes of the urinary bladder enlargement should be mechanical or functional bladder outlet obstruction: most commonly posterior urethral valves, followed by urethral atresia/stenosis, prune belly syndrome, megacystis-microcolon-intestinal-hypoperistalsis syndrome (see GI-182-small bowel) and cloacal anomalies. Karyotype anomalies (trisomy 18, trisomy 13 and trisomy 21) may be seen. About half of the fetuses with megacystis are terminated. Dilatation of the lumen of the bilateral ureters and uterus is commonly associated.

Ref.: Taghavi K, et al. Fetal megacystis: a systematic review. J Pediatr Urol 2017; 13(1): 7-15. doi: 10.1016/j.jpurol.2016.09.003



Fetal megacystis seen in an autopsied 2 months-old girl. Dilatation of the bilateral ureter and cystic dilatation of the uterine lumen are associated.



Fetal megacystis seen in an autopsied 2 months-old girl (after formalin fixation).
The bladder wall is thickened. Cystic dilatation of the uterine lumen is associated.