

Transcerebellar diameter in the second and third trimesters could be one of the ideal methods for predicting gestational age in pregnant women by using ultrasonography

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Abstract:

Introduction: The use of ultrasonography (USG) for the determination of the gestational age (GA) becoming more common in to the practice globally. During the complete pregnancy cycle, the fetal central nervous system experiences amazing evolution. This convoluted but well-organized neurodevelopmental process, which is seen in the brain cortex and in cerebellum. Neurodevelopmental changes one can easily detect them during gestational period by the use of ultrasonography. The cerebellum, located in the hind brain, which is lies in the posterior cranial fossa i.e. dorsal to the pons and medulla which is separated by the fourth ventricle. Cerebellum is less susceptible to deformation probably due to this, so the cerebellar development is hardly influenced even in case in placental insufficiency due to the 'brain-sparing' phenomenon. Furthermore, none of the fetal studies have reviewed neurodevelopment into whole gestational life, which can be the logical tool proposed to evaluate fetal rationality. Many of the literature that provide this information, as a result while assessing the transcerebellar diameter (TCD) and creating a normogram for it will aid in determination of gestational age. Aims and objectives: To establish the accuracy of mean transcerebellar diameter (TCD) ranges in different gestational Age in the second and third trimester of pregnancy. Material and method: A cross-sectional study was conducted on pregnant women in their second and third trimesters at the department of radio-diagnosis, datta meghe medical college, Nagpur, Maharashtra, India with the approval from the Institutional Ethical Committee. The study included 232 pregnant women with whose gestational age was confirmed by last menstrual period (LMP). Transcerebellar diameter (TCD) was identified in the suboccipitobregmatic view. The maximum length of each transcerebellar diameter was measured. Observation and result: All of the patients were distributed across the different gestational Age. In total 232 patients, 73 were between the ages of 18 and 20 weeks, 55 were between the ages of 21 and 24 weeks, 40 were between the ages of 25 and 28 weeks and the remaining 64 were between the ages of 29 and 36 weeks. We were measuring the Transcerebellar diameter and correlating them one by one with the gestational age calculated using LMP and got the range of the Transcerebellar diameter length in mm nearly correspond with the gestational age in weeks of the fetus. Conclusion: Transcerebellar diameter (TCD) length in millimetres corresponds to fetal gestation age in weeks as the pregnancy progresses could be one of reliable parameter to establish the gestation age in pregnant women.

Keywords: transcerebellar diameter, TCD, gestational age determination

Introduction:

The use of ultrasonography (USG) for the determination of the gestational age (GA) becoming more common in to the practice globally.¹ During the complete pregnancy cycle, the fetal central nervous system experiences amazing evolution. This convoluted but well-organized neurodevelopmental process, which is seen in the brain cortex and in cerebellum. Neurodevelopmental changes one can

easily detect them during gestational period by the use of ultrasonography. Ultrasonography is now a days used in clinical practise to assess the anatomical cohesion of the fetal cerebellum as well as the linear growth of the transcerebellar diameter (TCD).²⁻⁶

Approximation of the transcerebellar diameter (TCD) also allows the estimation of gestational age in cases where there is uncertain dates in the second and third trimester gestation. It may be more appropriate, even though in cases where there are intrauterine growth disturbances. It can be due to the dense petrous ridges and occipital bones. The cerebellum, located in the hind brain, which is lies in the posterior cranial fossa i.e. dorsal to the pons and medulla which is separated by the fourth ventricle. Cerebellum is less susceptible to deformation probably due to this, so the cerebellar development is hardly influenced even in case in placental insufficiency due to the 'brain-sparing' phenomenon.⁷⁻¹⁰ Furthermore, none of the fetal studies have reviewed neurodevelopment into whole gestational life, which can be the logical tool proposed to evaluate fetal rationality.¹¹ Many of the literature that provide this information, as a result while assessing the transcerebellar diameter (TCD) and creating a normogram for it will aid in determination of gestational age. ^{12, 13}

Aims and objectives:

To establish the accuracy of mean transcerebellar diameter (TCD) ranges in different gestational Age in the second and third trimester of pregnancy.

Material and method:

A cross-sectional study was conducted on pregnant women in their second and third trimesters at the department of radio-diagnosis, datta meghe medical college, Nagpur, Maharashtra, India with the approval from the Institutional Ethical Committee. The study included 232 pregnant women with whose gestational age was confirmed by last menstrual period (LMP). Transcerebellar diameter (TCD) was identified in the suboccipitobregmatic view. The maximum length of each transcerebellar diameter was measured. Data were tabulated and all the statistical analyses were done using SPSS software.

Observation and result:

All of the patients were distributed across the different gestational Age. In total 232 patients, 73 were between the ages of 18 and 20 weeks, 55 were between the ages of 21 and 24 weeks, 40 were between the ages of 25 and 28 weeks and the remaining 64 were between the ages of 29 and 36 weeks. We were measuring the transcerebellar diameter and correlating them one by one with the gestational age calculated using LMP and got the range of the transcerebellar diameter length in mm nearly correspond with the gestational age in weeks of the fetus.

S. No.	Gestational	No. of	Fetal	Standard	Variance	Range[mm]
	Age in	Patients	Transcerebellar	Deviation[m		
	weeks		diameter length	m]		
			Mean[mm]			
1	18-20	73	18.97	0.8971	0.8048	18.9 ± 0.89

2	21-24	55	22.21	0.8754	0.7663	22.2 ± 0.87
3	25-28	40	26.4	1.0077	1.0155	26.4 ± 1.0
4	29-36	64	32.64	2.3324	5.4401	32.6 ± 2.33

Discussion:

In the absence of a menstruation history, there is no other accurate means of determining the estimated gestational age. With the introduction of high resolution real time ultrasonography, the opportunity to see multiple organs in utero throughout the second and third trimesters has dramatically improved. Hansal M et al., Anirban Das Gupta et al., Hill LM et al., Goldstein I et al. and Ahmad et al. in their study found transcerebellar diameter in (mm) almost equivalent to gestational age of fetus. Holdstein I et al. and Shape alteration that means it does not affect this parameter. We also realised in our study for second and third trimester of pregnancy that the transcerebellar diameter length range in mm accuracy is almost same with the fetal gestational age in weeks.

Conclusion:

Transcerebellar diameter (TCD) length in millimetres corresponds to fetal gestation age in weeks as the pregnancy progresses could be one of reliable parameter to establish the gestation age in pregnant women.

Reference:

- 1. Reece EA: gestational age in Zimbabwean population. Intern J of Obs & Gyn. 2002; 78:7-18.
- 2. Stoodley CJ, Limperopoulos C.: Structure-function relationships in the developing cerebellum: Evidence from early-life cerebellar injury and neurodevelopmental disorders. Semin Fetal Neonatal Med. 2016 Oct;21(5):356–64.
- 3. Chen X, Li S-L, Luo G-Y, Norwitz ER, Ouyang S-Y, Wen H-X, Yuan Y, Tian X-X, He J-M.: Ultrasonographic Characteristics of Cortical Sulcus Development in the Human Fetus between 18 and 41 Weeks of Gestation. Chin Med J (Engl). 2017 Apr;130(8):920–8.
- 4. Koning I V, Tielemans MJ, Hoebeek FE, Ecury-Goossen GM, Reiss IKM, Steegers-Theunissen RPM, Dudink J.: Impacts on prenatal development of the human cerebellum: a systematic review. J Matern Fetal Neonatal Med. 2017 Oct;30(20):2461–8.
- 5. Goldstein I, Reece EA, Pilu G, Bovicelli L, Hobbins JC.: Cerebellar measurements with ultrasonography in the evaluation of fetal growth and development. Am J Obstet Gynecol. 1987 May;156(5):1065–9.
- 6. Sonographic examination of the fetal central nervous system: guidelines for performing the "basic examination" and the "fetal neurosonogram". Ultrasound Obstet Gynecol. 2007 Jan;29(1):109–16.

- 7. Reece EA, Goldstein I. Pilu G.: Fetal cerebellar growth unaffected by intrauterine growth retardation: a new parameter for prenatal diagnosis. Am J Obstet Gynecol.1987; 157: 632-82.
- 8. Ranjit S. Ambad, Roshan Kumar Jha, Nandkishor Bankar, Brij Raj Singh, Deepti Shrivastava. Effect of Minerals on Markers of Risk of Pre-Eclampsia in Pregnant Women: A Hospital Based Study. Indian Journal of Forensic Medicine & Toxicology, October-December 2020, Vol. 14, No. 4;6819-6824.
- 9. Reddy RH, Prashanth K, Ajit M.: Significance of foetal transcerebellar diameter in foetal biometry: A pilot study. J Clin Diagnostic Res. 2017;11(6):TC01–4.
- 10. Vinkesteijn AS, Mulder PG, Wladimiroff JW.: Fetal transverse cerebellar diameter measurements in normal and reduced fetal growth. Ultrasound Obstet Gynecol. 2000 Jan;15(1):47–51.
- 11. Donadono V, Napolitano R, Cavallaro A, Roberts NW, Papageorghiou AT.: Charts of fetal brain structures: a systematic review of methodological quality. Ultrasound Obstet Gynecol. 2017 Sep 1;50:59
- 12. Malinger G, Ginath S, Lerman-Sagie T, Watemberg N, Lev D, Glezerman M.: The fetal cerebellar vermis: normal development as shown by transvaginal ultrasound. Prenat Diagn 2001;21(8):687–692
- 13. Cignini P, Giorlandino M, Brutti P, Mangiafico L, Aloisi A, Giorlandino C.: Reference Charts for Fetal Cerebellar Vermis Height: A Prospective Cross-Sectional Study of 10605 Fetuses. PLoS One 2016;11(1):e0147528
- 14. Muhammad Shiraz Akram , Muhammad Yousaf, Umair Farooqi, Naima Arif, Adeel Riaz, Mehak Khalid, Mehreen Fatima, Dr. Syed Amir Gillani, S. Muhammad Yousaf Farooq Glani: Estimation of Gestational Age from Fetal Kidney Length in the Second and Third Trimester of Pregnancy by Ultrasonography; Saudi J Med Pharm Sci, March 2019; 5(3): 222-229
- 15. Bansal M, Bansal A, Jain S, Khare S, Ghai R.: A study of Correlation of Transverse Cerebellar Diameter with Gestational Age in the Normal & Growth Restricted Fetuses in Western Uttar Pradesh. PJSR. 2014;7(2):16-21.
- 16. Anirban Das Gupta, Arindom Banerjee, N Rammurthy, P Revati, Josna Jose, P. Karak, Anil Kumar: Gestational age estimation using transcerebellar diameter with grading of fetal cerebellar growth; National Journal of Clinical Anatomy, Vol.-1, (3) Pg. 115 120 (2012)
- 17. Hill LM, Guzick D, Fries J, Hixson I, Rivello D.: The transverse cerebellar diameter in estimating gestational age in large for gestational age foetus. Obstet Gynecol.; 75:981-5. (1990)
- 18. Goldstein I, Reece EA.: Cerebellar growth in normal and growth restricted foetuses of multiple gestations. Am J Obstet Gynecol.; 173: 1343-8.(1995)
- 19. Nadia Ahmad, S. L. Jethani, Deepa Singh, Ruchira Nautiyal: Vermal Length and Transcerebellar Diameter in Gestational Age Estimation: A Guide to Forensic Expert; National Journal of Clinical Anatomy Vol. 8 No. 3/2019
- 20. Cabbad M, Kofinas A, Simon N, King K, Lyttle E.: Fetal weight-cerebellar diameter discordance as an indicator of asymmetrical fetal growth impairment. J Reprod Med.; 37: 794-8. (1992)