

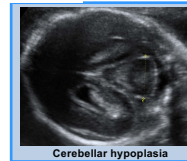
Posterior fossa defects

Magdalena Sanz Cortes, MD, PhD
Associate Professor Baylor College of
Medicine
Department of Obstetrics and
Gynecology
Texas Children's Hospital

www.medicinafetalbarcelona.org/

Fetal Posterior fossa pathology

Abnormal PF



Cerebellar hypoplasia



Obliteration of the PF



Rhombencephalosynapsis



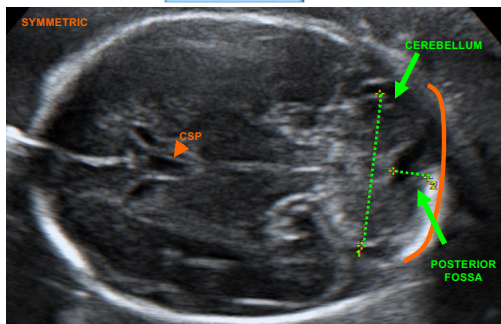
Increased PF

www.medicinafetalbarcelona.org/

Axial plane: Transcerebellar

Examination

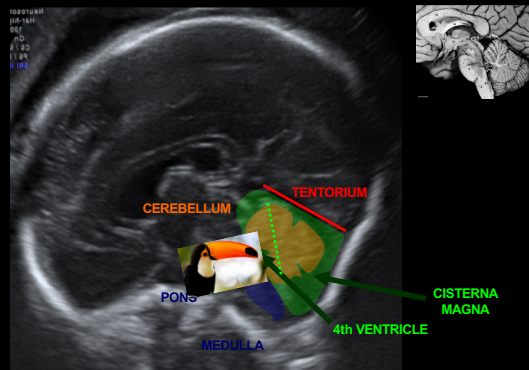
Measurements



www.medicinafetalbarcelona.org/

Posterior fossa

Structures



If PF >10mm

Abnormal PF

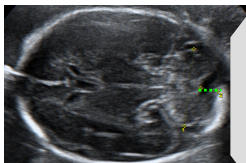
Differential diagnosis:

MEGACISTERNA MAGNA

PF ARACHNOID CYST

BLAKE'S POUCH CYST

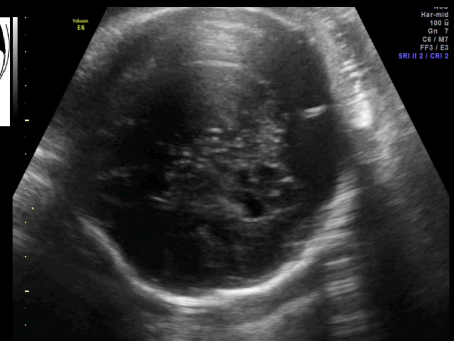
DANDY WALKER
MALFORMATION



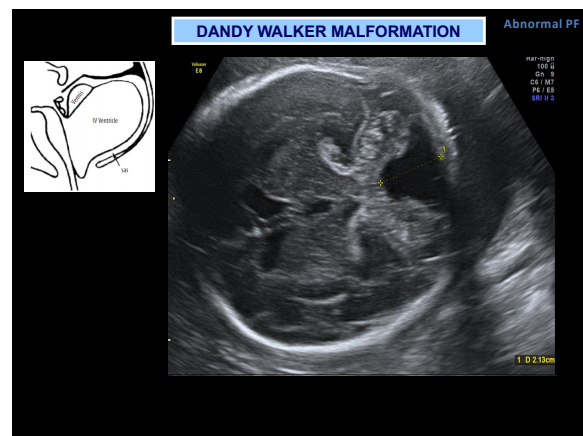
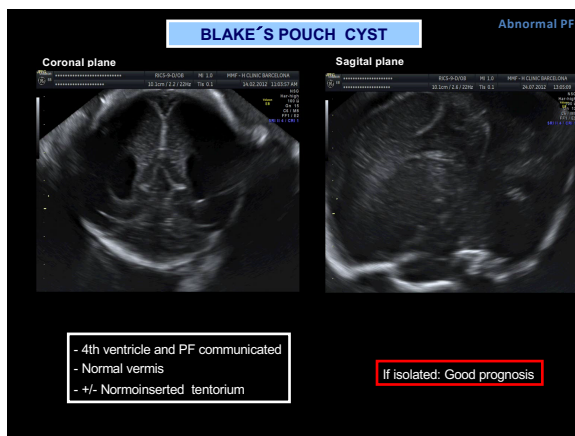
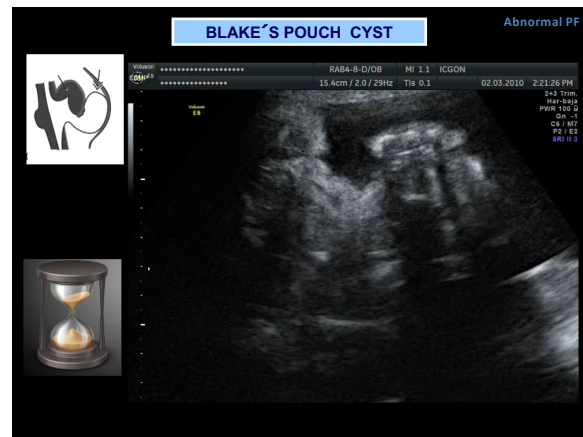
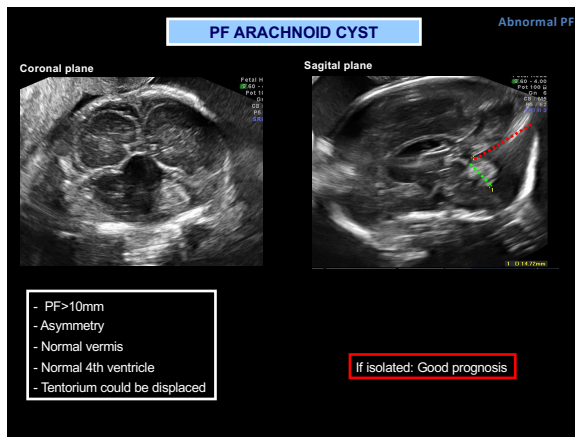
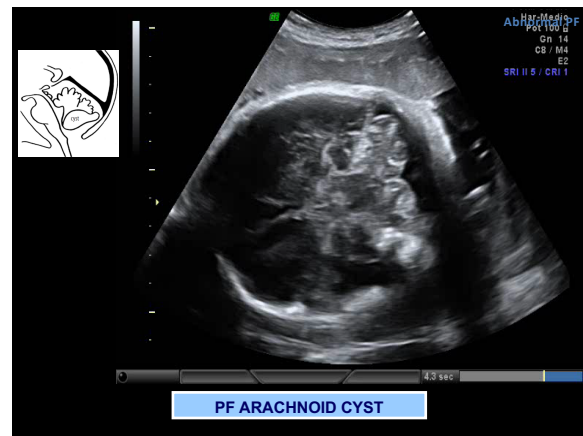
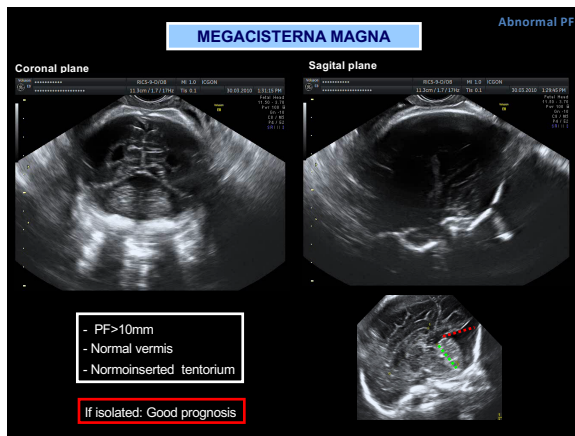
www.medicinafetalbarcelona.org/

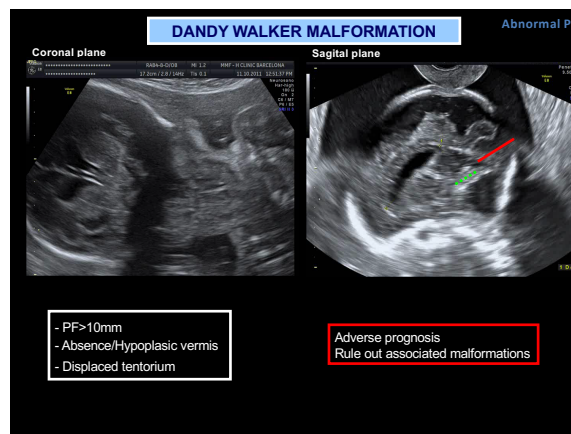
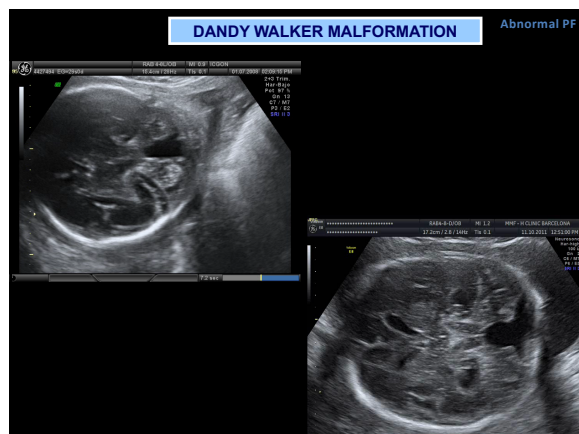
MEGACISTERNA MAGNA

Abnormal PF



Max: 100.0
CR: 1.1
CB: 1.1
PF: 1.1
UM: 1.1 / CR: 1.1



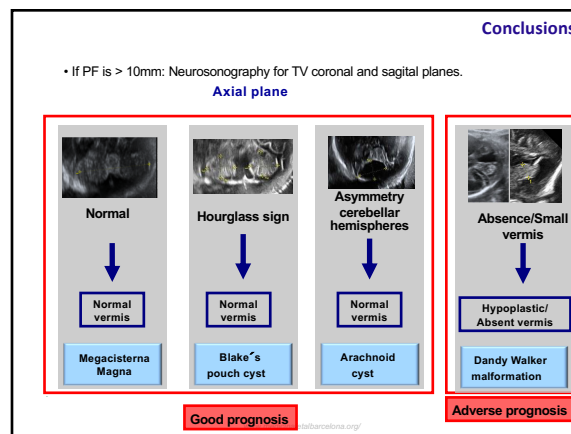


If PF > 10mm Abnormal PF

Sonographic signs

	Vermis	Normal Tentorium	Suggestive US sign
Megacisterna Magna	Nr	+	Isolated increased PF
PF arachnoid cyst	Nr	+/-	Asymmetry
Blake's pouch cyst	Nr	+/-	Hourglass sign
DWM	Absent/hypoplastic	-	Absent/hypoplastic vermis

www.medicinadebaltbarcelona.org/



Thank you !

magdalec@bcm.edu

www.medicinadebaltbarcelona.org/