Scanning the journals

Echogenic fetal lung lesions
Benachi A. *Ultrasound Obstet Gynaecol* 2008; 32: 729
This opinion piece from France reminds us that echogenic fetal lung lesions include not only the several types of congenital cystic adenomatoid malformation (CCAM) and pulmonary sequestration (PS) but also bronchial atresia and congenital emphysema. Difficulties arise in diagnosis and some lesions disappear during pregnancy. The importance of the development of hydrops is emphasised. Distal bronchial atresia has a poor prognosis and is often associated with pulmonary hypoplasia of the other lung. A persistent unilateral hyperechogenic lung with a small cyst corresponding to the proximal dilated part of the bronchus is the diagnostic clue.

Utility of Portable Ultrasound in a Community in Ghana
Spencer JK and Adler RS. *J Ultrasound Med* 2008; 27: 1735–43
This interesting paper describes the use of a portable ultrasound machine in a developing country where conditions of scanning were often less than ideal. Nevertheless, the radiologist was able to examine breasts, abdomens, pelves and also do musculoskeletal, genitourinary and obstetric scanning. In over 80% of cases the examinations added to the clinical diagnosis and in 40% influenced the outcome or treatment decision. Portable ultrasound machines are in the early phases of development and will doubtless become more universally available.

Scrotal Ultrasound: A Pictorial Review
Tapping CR and Cast JE. *Ultrasound* 2008; 16 (4): 226–33
This is an excellent review of the ultrasound appearances of common scrotal pathologies. It also is a reminder that most extratesticular lesions are benign while most ultratesticular anomalies should be considered malignant till proved otherwise.

Doppler Ultrasound in Canine Pregnancy
Blanco PG, et al. *J Ultrasound Med* 2008; 27: 1745–50
To a proud owner of a West Highland terrier, this article begged for inclusion.

The current knowledge of Doppler ultrasound use in dogs is reviewed. Somewhat surprisingly, its use in the canine population is at present limited. The authors review the literature and conclude that Doppler ultrasound prediction of adverse outcomes could be as helpful as it is in human pregnancy.

Fetal abdominal cysts in the first trimester: prenatal detection and clinical significance
Sepilveda W, et al. *Ultrasound Obstet Gynaecol* 2008; 32: 860–64
These cysts are a rare finding. The authors found only five cases in a five-year period. However, the natural history is of interest as three of the five had disappeared between the first trimester and 18–22 weeks gestation. This is useful information in patient management. Unfortunately, some fetal abdominal cysts persist and may even require aspiration during pregnancy. Close surveillance is essential looking especially for gastrointestinal pathology.

Work-related Musculoskeletal Disorders in Sonography and the Alexander Technique
Gibbs V and Young L. *Ultrasound* 2008; 16 (6): 213–19
Another acronym (WRMSD) – work related musculoskeletal disorder, but an important problem for sonographers. This is worth reading particularly as Alexander was an Australian who studied the mechanics of the human body and their misuse. His method is a way of learning to let go of unnecessary muscle tension and may be useful in reducing the likelihood of developing WRMSD. Further research is needed and why not in Australia?

Sonography findings in Trisomy 9
Schwendemann WD, et al. *J Ultrasound Med* 2009; 28: 39–42
This paper describes six cases of this rare lethal aneuploidy with multiple fetal anomalies detectable by ultrasound. As most cases abort in the first trimester, it is likely that with first trimester anatomy examination more will be seen before abortion takes place. The main anomalies seen are congenital heart defects and intracranial malformations.

The reason we should keep this diagnosis in mind is that while most of the ultrasound abnormalities are similar to those of trisomy 18, in patients at increased risk of trisomy 18 a first trimester screening, a fast (FISH or fast DNA) result on a CVS sample will not pick up Trisomy 9. The authors emphasise caution in counselling patients with abnormal sonography and normal FISH results until cytogenetic results are available.