Рис. 33-14. Транспозиция магистральных артерий. У этого плода невозможно добиться нормального изображения выходных трактов левого и правого желудочков. Вместо нормального перекреста, аорта (тонкая стрелка) и легочная артерия (толстая стрелка) идут параллельно друг другу при выходе из сердца. Выяснить, какой из сосудов является аортой, удалось при сканировании в дополнительных плоскостях по отхождению артерий головы и шеи. (Изображение предоставлено Peter M. Doubilet, M. D., Ph. D., Boston, MA)

чальный параллельный ход магистральных артерий. Закрученная из-за инфундибулярного пучка верхушка желудочка может помочь исследователю идентифицировать морфологический ПЖ, который при этом пороке располагается сзади, и от которого отходит аорта. Морфологический ЛЖ с его остроконечной верхушкой располагается спереди, а от него отходит ЛА. Этот порок может сочетаться с инверсией внутренних органов. Могут обнаруживаться и другие пороки, такие как стеноз легочной артерии или ДМЖП. Вследствие прерывания проводящих путей может развиваться атриовентрикулярная блокада.

Заключение

Хотя 4К позиция является основной для обследования сердца плода, дополнительное исследование обоих выходных трактов помогает повысить чувствительность пренатальной ультразвуковой диагностики ВПС. Если специалист ультразвуковой диагностики может адекватно оценить шесть ключевых признаков, рассмотренных выше (четыре в 4К проекции и два в проекции выходных трактов), большинство врожденных аномалий сердца будет диагностировано до рождения ребенка у пациенток как с высоким, так и с низким риском развития ВПС.

В будущем более широкое применение УЗИ на поздних этапах первого триместра для оценки сердца плода у пациенток с высоким риском ВПС может привести к более ранней диагностике ВПС. Также важную роль могут сыграть такие новые технологии, как трехмерное и четырехмерное ультразвуковое исследование.[2,83]

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