

# Meckel Syndrome

Sunita Gupta, Mandeep Singh Sudan Narinder Sharma,  
Department of Radiodiagnosis, Medical College, Jammu

A 29 year old Gravida 4 Para 0 was referred for routine ultrasound examination to rule out any congenital anomalies keeping in view her bad obstetrical history. All the previous deliveries were conducted at home. Patient had a history of two intrauterine deaths and one child died few hours after birth. Patient had O+ve blood and routine investigations did not reveal anything significant.



Fig I – Post abortal skiagram of the foetus showing deficient occipital bone and encephalocele.

Ultrasound examination revealed gestational age corresponding to 36 weeks. Foetal skull vault showed deficient occipital bone with outpouching of meninges and brain tissue forming well defined encephalocele. All the ventricles were

dilated (Figure-I).

Foetal abdomen revealed bilateral large hyperechoic kidneys with multiple small cysts suggestive of bilateral polycystic kidneys. (Fig-II) A provisional diagnosis of Meckel Syndrome was made. Pregnancy was terminated as desired by the parents after the prognosis was explained.

Ultrasound findings were confirmed. In addition polydactyly was also observed in upper as well as lower extremities confirming the diagnosis of Meckel Syndrome – (Fig.III). Meckel Syndrome is a rare autosomal recessive disease characterised by occipital encephalocele, cystic kidneys



Fig II – Ultrasound of the Foetal abdomen showing hyperechoic bilateral polycystic kidneys.



Fig III – X-ray of the hand showing polydactyly.

and polydactyly. Other frequently associated anomalies include congenital hepatic fibrosis and hepatic cysts, micro-ophthalmia and abnormal genitalia. The disease is invariably fatal at birth due to pulmonary hypoplasia and renal failure. Ultrasound is helpful in early and accurate diagnosis of this condition.