

## LETTERS TO THE EDITOR

# Comment on: Fetal gastric pseudomass at 30 weeks of gestation and its regression after 17 days of birth

Sir,

We read with great interest the recent case report of Karippaliyil *et al.* revealing fetal gastric pseudomass detected at 30 weeks of gestation and its regression after 17 days of birth.<sup>[1]</sup> In our opinion, some points in the report are not sufficiently clear.

In the abstract section, the authors have stated that findings of computed tomography with oral contrast were non-specific and similar to the findings of abdominal radiographs which did not contribute to a definite diagnosis. However, a filling defect of 10-20 HU within the stomach which consisted of the pseudomass was shown in Figure 5, revealing the computed tomography scan of the patient.

The authors revealed that the fetal growth and biophysical parameters were normal at 30 weeks of gestation except for the presence of gastric pseudomass. However, it was not clear whether they evaluated the direct and indirect signs of intra-amniotic bleeding or not. These direct and indirect signs are particles in the amniotic fluid and the placenta, subchorionic hemorrhage, and placental abruption. It has been claimed that swallowing of intra-amniotic bleeding materials may cause the gastric pseudomass.<sup>[2,3]</sup>

The authors have stated that the intragastric echogenic mass disappeared after 17 days of birth. Nevertheless, there was no figure revealing the regression of the mass, and they did not indicate which imaging modality they preferred.

We hope that the above-mentioned comments will add to the value of the article by Karippaliyil *et al.*

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