Choroid Plexus Cyst

A choroid plexus cyst is a small area of fluid that collects in a part of the brain called the choroid plexus. The choroid plexus is a spongy pair of glands located on each side of the brain. The choroid plexus is not part of the brain involved in thinking or development. These glands make the fluid that normally circulates within the brain and spinal cord.

Cysts are seen in the choroid plexus in about 1 out of every 50 or 100 pregnancies (1-2%). They can be seen on one or both sides of the brain. The number, size, and shape of the cysts can vary. Choroid plexus cysts can also be found in some healthy children and adults.

What causes a choroid plexus cyst?
The structure of the choroid plexus is still forming during the middle of pregnancy. The fluid it makes can sometimes be temporarily trapped inside the spongy tissue of the developing choroid plexus.

What do choroid plexus cysts mean for the baby?
Choroid plexus cysts are considered part of normal human variation and are not harmful to the baby. These cysts do not damage the brain or affect the way the brain works. Choroid plexus cysts are not a tumor or type of cancer.

Although a choroid plexus cyst does not cause problems, when a cyst is seen during pregnancy it raises concern about a small risk (less than 1%) for a condition called trisomy 18.

What is trisomy 18?
At conception, genetic information from both parents combines to create a baby. Usually the genetic information is arranged on 46 separate packages, called chromosomes. Chromosomes come in pairs; one from the mother and one from the father. Trisomy 18 is a relatively rare condition that occurs when there are three copies of the chromosome number 18, instead of the usual two copies. An extra chromosome 18 affects the baby’s development causing severe intellectual disability and physical birth defects. Most babies with trisomy 18 die before birth or within a few weeks after birth. Trisomy 18 happens as a random event and does not usually run in families.
Are any additional tests needed during the pregnancy?

If your baby has no other ultrasound findings or you had normal results from a prenatal screening test, your baby is very unlikely to have trisomy 18 and no further testing is routinely recommended.

Many pregnancies have already been screened for trisomy 18. Prenatal screening tests, like Integrated Screening and cell-free DNA screening (also called non-invasive prenatal testing or NIPT), use blood tests to estimate the chance for trisomy 18. These screening tests can identify most babies with trisomy 18.

Ultrasound also helps determine which developing babies are more likely to have trisomy 18. Babies with trisomy 18 typically have more ultrasound findings besides choroid plexus cysts. A baby with trisomy 18 is usually smaller than expected and may have an unusual hand position. Physical birth defects, like heart defects, are also more likely to be present.

A test called amniocentesis can accurately diagnose trisomy 18 during pregnancy. This is an optional test for women of all ages. Amniocentesis is usually done between 15 and 22 weeks of pregnancy. This procedure has a very small risk for miscarriage (1 in 500 or less).

➢ To learn more about prenatal testing go to the Kaiser Permanente website:
  http://genetics.kp.org

Will choroid plexus cysts go away?

Most CPCs seen in the middle of the pregnancy will go away before delivery. They usually disappear by 24 to 26 weeks of pregnancy. Since they do not cause problems for the baby, there is no special concern if they are still seen at a later time. For this reason, you do not need any additional ultrasounds to monitor the cysts.

Where can I get more information?

You can speak with your doctor, nurse practitioner, nurse midwife, or a genetic counselor if you have additional questions about this ultrasound finding.

Kaiser Genetics Departments

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This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other health care professional.

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