

Thursday, October 9, 2003

Syndrome

Continued from page 6A

Israel, Brazil and many other countries."

In an accompanying editorial, Drs. Michael T. Mennuti and Deborah A. Driscoll of the University of Pennsylvania School of Medicine wrote that second-trimester screening should continue to be the standard until detailed guidelines can be developed for using the ultrasound and other tests.

Because mothers 35 or older have a higher risk of having a Down syndrome baby most get one of the invasive tests.

In addition to looking at the mother's age, the screening combination tested by Wapner and colleagues looks for low levels of a protein called pregnancy-associated plasma protein A, and for high levels of a type of the hormone human chorionic gonadotropin. The ultrasound test looks for tell-tale high levels of fluid in the fetus' neck.

Evans, who has researched the ultrasound test and been using it for a decade, said it is the single best marker of Down syndrome. But he also warned that correctly reading the ultrasound requires specialized training and experience. It is available at some U.S. academic medical centers.

Wapner said doctors might cut in half the number of invasive tests by using the combined screening to correctly identify normal as well as Down syndrome fetuses.

Currently, the screening generally used in this country tests the mother's blood for unusual levels of a different type of gonadotropin hormone, a protein called alpha-fetoprotein and the hormone estradiol, which together are 65 percent accurate. Adding a new test for the hormone inhibin A increases reliability to up to 75 percent.

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October 9, 2003

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