Fetal Cholelithiasis

Patient Information Series – What you should know, what you should ask.

What is Fetal Cholelithasis (Gallstones)?

The gallbladder is a small pouch near the liver that holds a liquid called bile which the body uses for digestion. Sometimes the liquid inside the gallbladder is not fully dissolved and it can have stones or sludge in it. This happens more commonly in adults or children, but rarely it can also happen in a fetus in its third trimester before it is born. When this is found on ultrasound, it is called fetal cholelithiasis, which is also known as fetal gallstones.

How is fetal cholelithiasis diagnosed and monitored while I am pregnant?

Fetal gallstones are typically diagnosed during a routine ultrasound in the few months before delivery. It is not necessary to perform a third trimester ultrasound specifically to look for fetal gallstones, but if one is conducted for other medical reasons, the condition may be identified. Fetal gallstones are found in about 1 of every 100 patients. Once diagnosed, no further testing is required to further investigate or monitor the fetal gallstones.

What causes fetal cholelithiasis (gallstones)?

The cause of fetal gallstones or cholelithiasis is unknown. It is not strongly linked to fetus' biological sex or other fetal abnormalities or diagnoses. Over 75% of the time, it is the only abnormality diagnosed and everything else with the fetus and mother is found to be normal. In some cases, the mother and/or fetus can have pre-existing health problems that may have increased the risk of getting fetal gallstones. However, fetal gallstones in patients with pre-existing health problems happens so rarely that is difficult to determine exactly how influential these other health problems are in the formation of gallstones. Some of these associated health problems are placental abruption, maternal narcotics use, prolonged fasting, diabetes of any type, maternal history of gallstones, Rhesus or ABO blood group incompatibility, abnormalities in the fetal anatomy, genetic abnormalities, low amniotic fluid or growth restriction.

How is fetal cholelithiasis treated?

Fetal gallstones tend to resolve on their own without any treatment at all before the child is a year old. After birth the child may be monitored every few weeks to months with an ultrasound test to determine if the gallstones have resolved, and this is done after consultation with the child's pediatrician.

Most children do not ever develop symptoms. Fetal cholelithiasis is only treated if the child has symptoms after they are born. You should let your pediatrician know about symptoms like vomiting or mild icteric sclerae (mild yellowing of the eyeballs) especially in the first 1-3 weeks of life. If the child is evaluated and the gallstones are thought to be the cause of the child's symptoms, the child can be treated with a medication called ursodeoxycholic acid until the gallstones resolve. Very rarely, the child can have symptoms and the evaluation shows that the gallstones are blocking the flow of digestive juices and causing inflammation of the gallbladder, also known as cholecystitis. In this extremely rare case, surgery may be recommended to remove the gallbladder. This surgery would cure the gallstones and cholecystitis.

What other questions should I ask?

- Are there any other defects found?
- How often will I have ultrasound examinations done?
- Where will the baby receive the best care after it is born?
- Is surgery available after I deliver in my area?
- Can I meet in advance the team of doctors that will be looking after my baby when it is born?

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