Keywords: Fetal MR, congenital diaphragmatic hernia, prenatal diagnosis.

PP-028
Prenatal diagnosis of parietal encephalocele: a case report
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Objective: Most NTDs occur sporadically and are multifactorial in origin. Encephalocele involves defective closure of the anterior neural tube. Encephalocele is characterized as a protrusion of the brain and/or meninges through a defect in the skull that is covered with skin.

Case: In this case report, we aimed to present a case of parietal encephalocele which diagnosed in prenatal period. 26-year-old patient, having second pregnancy, she had single alive fetus of 18 weeks from her last menstrual period. In the results obtained from two-dimensional ultrasound scan, it was detected that the fetus had encephalocele sac with the approximate sizes of 49*41 mm, possibly originating from the right parietal region of the fetus, and concomitant hydrocephalus (lateral ventricle 10 mm). After abortion, it was observed that the ex-fetus weighing about 300 grams had parietal encephalocele mass having apparent neural tissue in it and stretching from the location over the ear on the right side of the head, comprising the right eye, to the border between mouth and nose.

Conclusion: Amongst NTD’s, the incidence of encephalocele is reported to be approximately 1-4 per 10,000 live births. Commonest site of encephalocele is occipital, frontoethmoidal and parietal. Prenatal 2D US detects approximately 80% of encephaloceles. The prognosis for patients with encephalocele depends on the extent of herniated neural tissue in the sac and on the presence of associated anomalies. The prognosis of the parietal encephalocele is worse than occipital.

Keywords: Prenatal diagnosis, parietal, encephalocele.

Introduction: Ectopia Cordis (EC) is a very rare congenital malformation which appears as development of midline defect. EC may be present as an isolated malformation or a component of Cantrell’s Pentalogy.

Case 1: A 22-years-old pregnant at 15 weeks 1 day gestational age admitted to our fetal medicine centre. Prenatal ultrasound showed a fetus with bilateral hydrothorax, EC, and a large omphalocele with evisceration of the heart. Cantrell’s pentalogy with thoracoabdominal EC was diagnosed and pregnancy was terminated.

Case 2: A 32-years-old pregnant at 11 weeks 3 days gestational age admitted to our fetal medicine centre. Ultrasound done at our fetal medicine centre revealed absent sternum, ectopia cordis, absent diaphragm, and omphalocele. Cantrell’s pentalogy with thoracoabdominal EC was diagnosed and pregnancy was terminated at 12 weeks and 3 days of gestational age.

Results: The diagnosis of EC in the prenatal period was established by monitoring of the fetal heart outside the thorax. EC may be associated with intrinsic heart disease and other midline abnormalities. The vast majority of cases has been reported aneuploidy, particularly Trisomy 18, chromosomal analysis is recommended.

Conclusion: The ectopia cordis can be diagnosed with careful ultrasound examination of the early weeks of pregnancy. The ectopia cordis is especially high risk for Trisomy 18. We suggest that you should keep in mind this condition and amniocentesis should be offered.

Keywords: Ectopia cordis, Cantrell’s pentalogy, prenatal diagnosis.

PP-030
Comparison of Doppler blood flow indices in fetal & uterine arteries before and after tocolysis for preterm labor
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Objective: Preterm labor is the most important cause of neonatal morbidity and mortality in developed countries. The aim of this study was to compare and evaluate the effects, nifedipine and ritodrine, on fetal and maternal parameters and to predict the patient with therapeutic success.

Methods: The study was carried out on 64 patients with diagnosis of preterm delivery, admitted to our unit. The cases were randomly selected singleton pregnancies between 24-36 weeks of gestation who were in the latent phase of...