monochorionic twin pregnancies, including bipolar cord coagulation, laser cord coagulation, and cord ligation. These techniques require the insertion of a relatively large diameter instrument through a 3.8 mm operative sleeve into the amniotic sac of the fetus to be terminated, creating a significant risk for membrane complications, haemorrhage, and preterm labor. Bipolar cord coagulation is preferred when enough amniotic fluid allows for insertion sleeve and deployment of the device. Monoamniotic twin cases are best performed with bipolar cord coagulation because of the need for cord transaction to prevent complications from cord entanglement once the termination is completed. If the cord segment to the demise fetus is left intact, it can act as a weight that can cause compression of the surviving twin's cord. Our patient is monochorionic diamniotic twins in 18th weeks. One fetus has NTD and hydrocephaly. We performed bipolar cord coagulation for that fetus in this week. The easiest non-transplacental access was chosen, with the aim of approaching the umbilical cord at a 45 degree angle at its placental insertion. The cannula with the trocar was inserted into pocket of amniotic fluid that allowed the forceps to be opened and the cord grasped. Coagulation was performed at power settings of 50 W applied for 10-30 seconds. The procedure was deemed successful when echogenic bubbles were seen coming from the cord and cord itself appeared hyperechogenic. Confirmation of the occlusion was also provided by the absence of detectable color Doppler flow in the distal part of the cord, with at least 2 min of persistent asystole. The entire procedure lasted for 15-40 min. Cardiac activity of the co-twin monitored during the entire procedure and immediately afterwards, and MCA-PSV was also recorded to detect fetal anemia. Cerebral MRI of the surviving twin was also normal 2 weeks after the procedure. The patient is in 24th week of pregnancy.

**Keywords:** Monochorionic twins, fetal discordant anomaly, bipolar cord coagulation.

**PP-075**

**Cystic hygroma in one gemel: diagnosis and outcome of pregnancy**

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**Introduction:** Cystic hygroma is seen as abnormally enlarged nuchal thickness mostly with septa inside and filled with liquid-lymph usually seen during late first or second trimester of pregnancy. This finding, especially seen during the first trimester of pregnancy is highly associated with chromosomal abnormalities, most commonly with Turner’s syndrome, but however trisomies 21, 18 and 13 are also prevalent.

**Objective:** The aim was the presentation of successfully completed pregnancy by C-section, in a patient with prenatally diagnosed cystic hygroma in diamniotic-dichorionic twin pregnancy (DCDA) after selective embrioreduction in 15 week of gestation (WG).

**Methods:** It is a presented case of successfully completed pregnancy by C-section complicated with gestational diabetes, hypertension and embrioreduction in 15 WG due to confirmed anomaly in DCDA twins.

**Case:** Patient 33 years old and 12WG with confirmed pregnancy of DCDA twins was admitted into the Clinical Center of Vojvodina, Department of Obstetrics and Gynecology Novi Sad due to a suspected anomaly of one fetus. During ultrasound examination twin pregnancy DCDA in 12 GW was noted wherein CRL of one fetus was 44mm with regular heart action and septated cystic hygroma in transversal cross-section to 13 mm. The other fetus: CRL 60mm with normal morphology and regular heart action. After two weeks the patient was admitted into the clinic in 15 WG for a scheduled intervention–selective embrioreduction. The intervention was successful. The patient was discharged home with advise to report in two weeks for early amniocentesis of other vital fetus. The patient did not want amiocentesis to be performed. During ultrasound control in 30 WG polyhydramnion was diagnosed and because of positive family history of diabetes glucose stress test was performed. Diabetes diet was introduced of 2200 kCal. Due to hypertension a therapy with methylidopa was administered in 36 WG to which the patient reacted well. The patient was admitted into the clinic due to regular contractions, and considering the ultrasonically estimated weight of fetus of 3800 g, gestational diabetes, occurrence of variable decelerations on CTG recordings it was decided on the operative completion of pregnancy. A female baby was born, weight 3760 g and 21 cm length, Apgar score 9/10. Postoperative course was well, the patient was discharged home four days after the operation together with her child.

**Conclusion:** Case study points out to the importance of chorionicity being diagnosed as early as possible in twin pregnancies. Case study indicates the importance of prenataly diagnosed anomaly in one twin, and also success of ultrasound invasive procedures in treatment of twin pregnancy with anomaly of one fetus and healthy other fetus. The pregnancy was completed successfully in term with expulsion of a healthy newborn, and after a series of ultrasound examinations and diagnostic procedures.

**Keywords:** Twins, cystic hygroma, selective embrioreduction.