(NPV) of 87.5%. For the prediction of growth discordance, sensitivity was 76.9%, specificity 81.8%, PPV 50% and NPV 93.5%.

Conclusion: Sonographic prediction of inter-twin BWD within four days of delivery seems to be accurate enough for routine clinical use. Performance and predictive values depend on the threshold chosen to define EFW and BW discordance.

Keywords: Twins, discordance, weight.

PP-068
Ultrasound assessment of twin anemia polycythemia sequence
Fatma Douik, Kaouthar Dimassi, Mariem Ajroudi, Raouia Radhouani, Nizar Ben Aissa, Amel Triki, Mohamed Fauzi Gara
Department of Obstetrics and Gynecology, Mongi Slim Hospital, La Marsa, Tunisia

Objective: Twin anemia polycythemia sequence (TAPS) is caused by small placental vascular anastomoses leading to chronic anemia in the donor and polycythemia in the recipient. TAPS can result in severe fetal or neonatal hematologic complications, cerebral injury and perinatal death. The aim of this study is to ascertain the most relevant echographic signs that helps to make an early diagnosis so we can improve the outcome of this sparse complication.

Methods: It’s about two observations of patients treated in the department of gynecology and obstetrics of the Mongi Slim hospital Tunis in 2013.

Results: The first case is about a 42 years old patient with one miscarriage, one childbirth, blood type O negative, actual pregnancy a spontaneous monochorionic according to the early first trimester echography, adressed at 31 SA for intra uterine death of one the twins and hydrops fetalis of the second. The second patient is aged of 28 years, first pregnancy hospitalized at 29 SA to explore an hydramnios accidently discovered. The ultrasound exam performed in our service showed for the first twin: no bladder and anamnios, for the second twin: a huge bladder with polyhydramnios. Furthermore ultrasound allowed the guidance for fetal transfusion.

Conclusion: TAPS is fetal emergency. Ultrasound is the only mean for the diagnosis and for the fetal therapy.

Keywords: Fetal, anemia, twins.

PP-069
Prenatal diagnosis of cephalothoracoomphalopagus: a rare type of conjoined twin
Yasin Ceylan, Yasemin Doğan, Emre Kole, Gulseren Yucesoy, Sebiha Özkan Ozdemir
Kocaeli University Medical School, Department of Obstetrics and Gynecology, İzmit, Kocaeli

Objective: Conjoined twins are a rare outcome of a monoamniotic and monochorionic gestation. We present a case of cephalothoracoomphalopagus conjoined twin diagnosed by prenatal ultrasonographic examination.

Case: A 26-year-old gravida 2, para 1 woman was referred to our perinatology unit for evaluation because of suspected conjoined twins at 24 weeks of gestation. Her medical history was unremarkable. There was no family history of genetic abnormalities. The diagnosis of conjoined twins was confirmed by prenatal ultrasonographic examination.

Conclusion: Conjoined twins occur when two identical individuals are joined by part of their anatomy and share their vital one or more organs. The incidence of conjoined twins ranges from 1:50,000 to 1:250,000 live births. We present a case of male cephalothoracoomphalopagus conjoined twin, which is extremely rare type of conjoined twins. A prenatal diagnosis of shared organs dictates pregancy termination or possible surgical separation strategies.

Keywords: Conjoined twins, cephalothoracoomphalopagus twins.

PP-070
Ultrasound diagnosis and laparoscopic treatment of a heterotropic pregnancy
Ismet Hortu, Gökay Özceltik, Deniz Şimşek, Ahmet Mete Ergençolu, Ahmet Özgür Yeniel
Department of Obstetrics and Gynecology, Ege University School of Medicine, İzmir, Turkey

Heterotropic pregnancy is a rare condition in which both intrauterine and extraterine pregnancies are present at the same time. This rare condition is a serious emergency that can be life-threatening due to bleeding in cases of delayed diagnosis. The main goal of treatment is to maintain the intrauterine pregnancy while terminating the extraterine pregnancy. Termination of extraterine pregnancy can be carried out using either surgical treatments or non-surgical treatments. The management remains controversial. In case of a diagnosis of heterotropic pregnancy is hemodynamically stable, conservative management may be considered. Non-surgical treatments consists of administration of several drugs to the extraterine gestational sac under ultrasonographic or