Conclusion: The differential diagnosis of type 1 congenital cystic adenomatoid malformation and the presence of concomitant anomalies are important for the management of these cases. The prognosis is good in cases with type 1 congenital cystic adenomatoid malformation without any other accompanying anomalies. Conservative management should be applied to these patients.

Keywords: Congenital cystic adenomatoid malformation, prenatal diagnosis, management.

PP-064
Prenatal diagnosis of pentalogy of Cantrell
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Objective: The pentalogy of Cantrell is an extremely rare heterogeneous thoracoabdominal wall closure defect with an estimated prevalence of 1 per 65,000 to 200,000 live births. Here, we aimed to present a rare case of Cantrell pentalogy in a first trimester pregnant woman.

Case: In the ultrasonographic examination of a 26-year-old G1P0 patient who had pregnancy at 13+0 weeks of gestation according to her last menstrual period (LMP), anterior abdominal and anterior thoracic walls were not seen in the fetus and it was observed that heart and liver protruded through large supraumbilical omphalocele at the midline defect and there were cystic hygroma, extreme deformities of the vertebral column (thoracolumbar). Ultrasonographic findings supported Cantrell pentalogy. Genetic and obstetric counseling were given to the family. The family wanted to terminate the pregnancy due to poor prognosis and low survival rate. The patient was admitted to the clinic to be performed termination of the pregnancy and the induction of labor was initiated by administration of single dose of misoprostol. The patient had a medically induced late abortion 12 hours after initiation of the induction. Gross examination of the fetus performed after abortion revealed a midline defect including supraumbilical anterior abdominal and anterior thoracic walls was present, heart and intraabdominal organs protruded through this defect and there were cystic hygroma, extreme deformities of the vertebrae column (thoracolumbar). A dermal biopsy was performed for evaluation of fetal karyotype and the fetus was determined to be 46 XY. The patient not determined to have an abnormal finding during follow-ups performed after abortion was discharged.

Results: Cantrell pentalogy which has been first described by Cantrell et al. in 1958 is a rare thoracoabdominal development disorder including abdominal wall, diaphragmatic, pericardial, sternal and heart defects. As it could be differences in the anomalies described in the syndrome, various accompanying anomalies were also reported in the literature. Toyama et al. divided Cantrell pentalogy into 3 categories in 1972: These were defined as followings: group 1, exact diagnosis with presence of all defects together; group 2, probably diagnosis with presence of only 4 defects together; group 3, incomplete diagnosis with various combinations of defects. In our case, all of five anomalies and malformations specific to the syndrome were determined.

Conclusion: In conclusion, early diagnosis is feasible in the first trimester if ectopia cordis and omphalocele exist. The termination of the pregnancies with fetuses having high mortality will be easier in case of presence of particularly omphalocele and ectopia cordis and when they are detected in earlier gestational weeks.

Keywords: Cantrell pentalogy, omphalocele, ectopia cordis.

PP-065
Prenatal sonographic detection of fetal adrenal hemorrhage
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Objective: Detection of prenatal finding of a large cystic adrenal mass causes a dilemma regarding the differential diagnosis between adrenal hemorrhage and cystic neuroblastoma. We report a case of adrenal hemorrhage in a newborn first detected by sonography at a menstrual age of 34 weeks 4 days.

Case: A 23-year-old G1P0 pregnant presented to our clinic due to routine follow-up. The patient having a regular menstrual cycle previously was at 34 weeks and 4 days since her last menstrual period (LMP). The patient did not have consanguineous marriage and a hypochloic cystic lesion not clearly differentiated in diameter of 18.6x17.5 mm was determined in the right kidney region of the fetus at 34 weeks of gestation in the ultrasonography performed. Fetal adrenal hemorrhage and cystic neuroblastoma prediagnoses were made in the detailed ultrasonography performed and no additional anomaly was determined. It was learned from the history of the patient she had the second trimester screening tests and the third trimester screening tests previously and determined to have normal values. The patient was informed regarding there could be an additional anomaly. Since the patient was in a late gestational week and she did not want to have, amniocentesis was not performed. The routine laboratory and tumor marker levels were normal. It was observed...
that the tumor was reduced in size during the routine follow-up of pregnancy. She had normal delivery in the 39th gestational week. No pathological finding was encountered in the newborn infant. No pathological finding was observed in the kidney, liver and bile ducts in the ultrasonography and MRI performed. An area of fetal adrenal hemorrhage with a mildly heterogeneous echo texture in diameter of 5.8x4.7 mm was determined in fetal adrenal region. Since complete blood count results, blood chemistry tests and tumor marker values were within normal ranges, the infant was followed-up. Ultrasonography was performed every two weeks. It was seen that hemorrhagic area was gradually reduced. Since the cyst was no seen and laboratory findings were found to be normal in the infant at the end of the month, the follow-up was ended.

**Results:** The thought of a neuroblastoma is generally resulted in surgical excision of this lesion. However, to avoid an unnecessary surgery, an adrenal hemorrhage has to be diagnosed in due time. Close postnatal follow-up should be performed with serial ultrasonography in order to make differential diagnosis of such tumors even in large masses. Unless the tumor size does not reduce, surgical treatment is not essential. Nonetheless, it is impossible to make a differential diagnosis between an adrenal hemorrhage and a spontaneously resolved neuroblastoma.

**Conclusion:** Our case implies that adrenal hemorrhage may develop as early as the second trimester of the pregnancy.

**Keywords:** Adrenal hemorrhage, fetal adrenal hemorrhage.

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**PP-066**

**Successful first trimester intrauterine treatment with alcohol in a case of acardiac twin pregnancy**

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Twin reversed arterial perfusion (TRAP) sequence is a serious condition of monochorionic twin pregnancy. It is an extremely rare anomaly, occurring with a reported incidence of 1 in 35,000 deliveries, 1 in 100 monozygotic twins and 1 in 30 monozygotic triplets. This condition is associated high risk of perinatal death of the pump twin due to cardiac failure and polyhydramnios may induce preterm birth. Several methods have been proposed for intrauterine treatment of acardiac twin pregnancy and selective reduction of the acardiac twin was recently reported to be minimally invasive and effective for intrauterine treatment of acardiac twin pregnancy. First trimester treatment of TRAP sequence is controversial with higher incidence of procedure related complications. We present a case of TRAP sequence that has been managed by intrauterine treatment with alcohol injection at 12 weeks of gestation. Prophylactic intervention at 12 weeks of gestation may be resulted with higher survival rate if the early procedure could prevent fetal loss of pump twin before 16 weeks. First trimester prophylactic intervention could be recommended patient with TRAP sequence. Alcohol ablation can be performed in medical center unless more sophisticated methods as invasive procedure are not available.

**Keywords:** Acardiac twin, twin pregnancy, intrauterine intervention.

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**PP-067**

**Validity of sonographic prediction of fetal weight and weight discordance in twin pregnancies**

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**Introduction:** Ultrasonography is an essential tool in the management of twin pregnancies. Fetal weight estimation is useful to anticipate neonatal care in case of prematurity, growth restriction or growth discordance.

**Objective:** The aims of this study were (1) to assess the accuracy of estimated fetal weight (EFW) in twins and (2) to assess the accuracy of sonographic examination to predict birth weight discordance (BWD).

**Methods:** All twin pregnancies with at least one ultrasound (US) examination within 04 days of delivery were included in this study. EFW was calculated according Hadlock2 formula. Mean of the standardized errors and percentage of newborns with birth weight (BW) within 10% of EFW were calculated.

**Results:** Absolute differences between EFW and BW were similar for both twins (187 g [0–850] for T1 and 156 g [0–600] for T2). Mean absolute percentage error was 7.7% (0-32 gr) for T1 and 8.2% (0-27gr) for T2. Mean absolute percentage error was superior to 10% for 42% of T1 and 46% of T2 with no significant difference. Obesity was associated with a better accuracy of ultrasonography. Chorionicity, gestational age as well as fetal presentation did not influence fetal weight estimation. Ultrasonography in the diagnosis of hypotrophy had a sensitivity of 90.32%, a specificity of 78.94%, a positive predictive value (PPV) of 83.5% and a negative predictive value.