

Evaluation of fetal ovaries is difficult and generally cannot be differentiated from the other pelvic structures. However, when an abdominal detected cystic formation is presented, fetal ovaries should be kept in mind.

Keywords: Fetal ascites, fetal ovarian cyst rupture.

PP-009

The prenatal diagnosis of lymphangiomas and outcomes

Resul Arısoy¹, Emre Erdogdu¹, Pınar Kumru¹, Oya Demirci¹, Hatip Aydın², Semih Tugrul¹

¹Department of Perinatology, Zeynep Kamil Maternity and Children's Diseases Training and Research Hospital Istanbul, Turkey; ²Department of Genetics, Zeynep Kamil Maternity and Children's Diseases Training and Research Hospital, Istanbul, Turkey

Objective: Our aim was to evaluate ultrasound findings and perinatal outcome after prenatal diagnosis of lymphangiomas

Methods: We searched the archives of our ultrasound database at our center for cases with a prenatal diagnosis of the lymphangioma in the period from 2008 to 2013. We described maternal, fetal and perinatal variables for all cases.

Results: Seven fetuses were diagnosed in our center as having the lymphangioma between 2008 and 2013. All cases were diagnosed during the second and third trimesters with the average gestational age of 24±4 weeks. The average diameter of lymphangioma was 58.4±22.5 mm at time of diagnosis. Four of the seven fetuses (57.1%) had lymphangioma in the neck. Three of the seven fetuses (42.9%) had lymphangioma in locations other than fetal neck. Fetal karyotyping was normal in all cases. Two of these fetuses was terminated. No abnormal doppler finding or hydrops were detected in the antenatal follow-up of remaining five cases. Cesarean section was performed due to dystocia for all cases.

Conclusion: The risk of chromosomal abnormalities is very low in pregnancies with isolated lymphangioma. The outcome of pregnancies with lymphangioma is generally favorable and prognosis depends on their locations and size.

Keywords: Chromosomal abnormalities, lymphangioma, perinatal outcome.

PP-010

The prenatal diagnosis and outcome of fetal intra-abdominal cysts

Pınar Kumru, Resul Arısoy, Emre Erdogdu, Oya Demirci, Elif Tozkır, Sevcan Arzu Arıkan, Mesut Polat, Semih Tugrul

Department of Perinatology, Zeynep Kamil Maternity and Children's Diseases Training and Research Hospital, Istanbul, Turkey

Objective: The aim of this study is to evaluate the ultrasound findings and perinatal outcome after prenatal diagnosis of fetal abdominal cysts.

Methods: Fetuses diagnosed with abdominal cysts between 2008 and 2013 were retrospectively analysed. Cysts arising from renal system and bowel dilatation were excluded. We described maternal, fetal and perinatal variables for all cases

Results: Eighteen fetuses that are 3 males (16.7%), 15 females (83.3%) with fetal abdominal cyst were diagnosed. The mean gestational age at diagnosis of a fetal abdominal cyst was 26.78±6.75 weeks. The mean diameter of fetal abdominal cyst was 39.81±20.47 mm at diagnosis. There were 15 liveborn cases and two intrauterine deaths. One case was terminated due to multiple anomalies. Fetal abdominal cyst was resolved in four cases during antenatal period. Surgery was required in six cases (40%). Overall spontaneous mortality was 3/17 (17.7%), of which two cases were intrauterine and one case was postoperative.

Conclusion: Ultrasound is not sufficient to detect the origin of fetal abdominal cysts. But the appearance and location of the cyst, fetal gender, presence of peristalsis in the cyst, presence of thick muscular wall and additional fetal anomalies are important of the diagnosis and pre-postnatal management of the cyst.

Keywords: Fetal abdominal cyst, ultrasound.

PP-011

2nd trimester cervical ectopic pregnancy: case report

Salih Burçin Kavak¹, Ebru Kavak², Özgür Arat¹, Ekrem Sapmaz¹, Raşit İlhan¹, Selçuk Kaplan¹

¹Department of Obstetrics and Gynecology, School of Medicine, Firat Medical Center, Firat University, Elazığ, Turkey; ²Department of Obstetrics and Gynecology, Special Medical Park Hospital, Elazığ, Turkey

Introduction: The incidence of cervical ectopic pregnancy varies between 1/2,500 and 1/10,000. Cervical ectopic pregnancy is life-threatening, and one of the rarest forms of ectopic pregnancy. Sonographic diagnosis of cervical pregnancy has several challenges. The relationship between endometrial cavity and gestational sac should be considered carefully. Since it is seen rarely and one of the most significant reasons of mortality, we aimed to present a case of a cervical ectopic pregnancy diagnosed at 23 weeks of gestation.

Case: Twenty-nine-year-old case with second pregnancy had no remarkable history except a previous cesarean delivery. The case who regularly visited external center for follow-up during current pregnancy admitted to our clinic with the pre-diagnosis of 22W2D pregnancy oligohydramnios and diastolic flow