found that she was at 38 weeks of gestation which was her first pregnancy, her placenta was at anterior position, had sufficient amnion fluid and the presentation was breech type. NST was evaluated as reactive. In the measurement at AC transverse plane, an appearance consistent with single hyperechogenic stone in the gallbladder was observed. The patient delivered 3230 g female baby with 9/10 Apgar score by vaginal spontaneous delivery. The mother and the baby who had no problem on postpartum first day were discharged from the hospital. No etiological risk factor was found in the anamnesis of the case, and it was considered as idiopathic fetal gallbladder stone and she was followed up.

Conclusion: Although the ethiology of the fetal gallbladder stone is not known well, maternal and fetal reasons are considered. Among the maternal reasons, there are ablation placenta, increased estrogen level, narcotic use, diabetes mellitus, and drug use (ceftriaxone, furosemide and prostaglandin E2). The fetal reasons are Rh or ABO inconsistency, congenital anomalies (cardiovascular, gastrointestinal, urogenital), genetic anomalies (Trisomy 21), growth retardation, oligohydramnios, hepatitis, prenatal leukemoid reaction, and idiopathic reasons. Fetal gallbladder stones are generally benign, and most of them usually disappear spontaneously in the first months or within a year at the latest after the delivery.

Keywords: Prenatal diagnosis, fetal gallbladder stone.

PP-022

Prenatally diagnosed Fryns syndrome

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Fryns syndrome is a rare condition which characterized by autosomal recessively inherited multiple congenital anomalies. Its incidence rate is 0.7/10,000 births. Our aim was to present the case diagnosed with Fryns syndrome. Twenty-five-year-old foreign woman referred to our clinic with the complaints of pain and water-breaking. It was her first pregnancy and it was found that she did not had her antenatal follow-up regularly. It was seen in the obstetric US of the patient who had one finger sized orifice that amniotic fluid increased and there was advanced level of polyhydramnios with 15 cm single pocket vertical measurement. In the fetal biometric measurements, single fetus with breech presentation consistent with BPD: 34w1d, HC: 34w2d, AC: 29w4d and FL: 33w5d. In the fetal ultrasonographic examination, low ear and micrognathia were observed. In the transverse cross-section examination of abdominal region, collapse was observed on the anterior wall which was not in a normal regular structure. Compared to the previous measurements of AC, it was about 4 weeks smaller. Diaphragmatic hernia was seen where abdominal organs moved towards thorax cavity. In the extremities, there was pes equinovarus deformity in the right foot, and the toe of left foot had advanced flexion deformity. In the hands, the fingers were contracted in the flexion. Since the pains of the patient increased, cesarean section was carried out due to breech presentation. With the c-section, 1450 g – 41 cm baby was delivered, and intubated just after the birth. On the 13th postnatal day, baby has still been followed-up and treated in the newborn intense care unit as being intubated. In the examination carried out after the birth, highly arched palate, hypertelorism, undescended testicle, micro-penis, shortness of hand fingers and hypoplasia in the nails were observed in addition to the prenatal findings. The most significant and classical findings of Fryns syndrome are congenital diaphragmatic hernia, craniofacial dysmorphism, cleft palate and lip, extremity anomalies, nail hypoplasia and various internal variations. It is a syndrome generally with fatal progress. In its differential diagnosis, Pallister-Killian syndrome, trisomy 18, Cornelia de Lange syndrome and isolated diaphragmatic hernia should be considered. Frnys syndrome should be remembered in the differential diagnosis of cases found to have diaphragmatic hernia or extremity anomaly, and additional anomalies that may accompany should be investigated.

Keywords: Prenatal diagnosis, Fryns syndrome.

PP-023

Amniotic band syndrome: a case report

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Amniotic band syndrome (ABS) is a condition which occurs due to the constrictive bands formed by the early rupture of amnion membrane, and may cause different disorders depending on the organ involved. It is especially characterized with the deformation, malformation, amputation and craniofacial anomalies in the extremities. Its incidence rate varies between 1/1234 and 1/15,000 live births in different series. Although the etiopathogenesis of ABS is not known well, there have been many theories. In the etiology, infection, ischemia, trauma, amniocentesis, vasoconstrictive substance use decreasing uterine blood flow, antimitotic drug