definitive surgery was performed following prompt Caesarean delivery. A 33-year-old woman, gravida 3 para 2, was referred to our center at 33 weeks of gestation because of antenatal control. Ultrasound examination at admission showed presence of an cystic structure in the fetal abdomen, that was consistent with intestinal dilatation. The fetal growth parameters, placental structure and amniotic fluid volume were all normal. Detailed ultrasound examination of fetal anatomy revealed no additional abnormalities. One week later repeat ultrasound scan showed collapse of the bowel dilatation along with the presence of hyperechogenic fluid in the fetal abdominal cavity. Both parents were counseled regarding the possible diagnosis of fetal intestinal perforation and meconium peritonitis. Caesarean section was preferred as delivery mode due to previous Caesareans. A 2400 gram baby boy was delivered. Apgar scores were 8 and 9 at 1 and 5 min, respectively. Laparotomy and bowel resection were performed within the first day following delivery. The operative findings were atresia of terminal ileum, with a perforation in the distal segment of it, and intraabdominal meconium. It is not clear appropriate delivery time and treatment modality after prenatal identification of the problem. But meconium contains digestive enzymes that induce aseptic peritonitis. Extensive inflammation could inhibit spontaneous sealing of the perforation and inflammation-induced bowel edema could aggravate the underlying bowel obstruction. Morbidity and mortality in meconium peritonitis cases depend upon gestational age, the complexity and the nature of the underlying lesion, process interval, presence of the cystic fibrosis or congenital anomalies, and complications of treatment or expectant management.

Keywords: Intestinal atresia, meconium peritonitis.

PP-048

Fetal cardiac rhabdomyoma is diagnosed in the second trimester: a case report

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Rhabdomyoma, the most common primary fetal cardiac tumor (60-86%) is often associated with tuberous sclerosis (TS).The prevelance of TS associated with fetal cardiac rhabdomyoma is 50-80%, resulting in a perinatal mortality rate of 0-100%. Other cardiac tumors include fibroma, myxoma, teratoma, and hemangioma.Rhabdomyomas appear on ultrasound as round, homogenous, hyperechogenic masses in the ventricles, and they sometimes appear as a multiple foci in the ventricles and septal wall. When the tumor was larger than 20 mm fetuses has a higher risk of perinatal death.A few cases with extracardiac anomalies such as cleft palate, polycystic kidney and clubfoot. Fetal MRI provides and additional imaging modality for the detection of TS. TS may be caused by the mutation of the tumor suppressor genes TSC1 and TSC2.TS follows an autosomal dominant hereditary pattern with variable expression, and 50-80% of childhood cases are considered to result from spontaneous mutation. We aimed to show in our case which fetal cardiac rhabdomyoma was diagnosed in the second trimester (28th weeks) by fetal echocardiography. The mother was referred to our clinic for fetal cardiac hyperechogenic mass.A round, hyperechogenis mass (32x20 mm) was seen in the left vetricule. Aorta and pulmonary artery outflow were seen for excluding the great artery transposition.There was no sign for outflow obstruction of the aorta.Fetal heart rate was 136 beat/min.There was no sign for hydrops.We screened the patient for renal hamartoma, cleft palate and club foot by ultrasonography.Cranial MRI was performed for brain lesion of TS.Cleft palate or lip were not seen.There was no family history for TS.We planned to check TSC1 and TSC2 tumor supressor gene mutation after delivery.We planned to delivery patient in our clinic at 37th weeks. The baby is going to follow up for great atreies outflow tract obstruction.

Keywords: Fetal cardiac rhabdomyoma, fetal echocardiography.

PP-049

Left isomerism diagnosed at prenatal period: a case report

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Objective: Heterotaxy refers to abnormal situs of visceral organs in thorax or abdomen. Clinic is reflected in two ways: left isomerism/polisplenia, right isomerism/asplenia. Left isomerism is both atria of the heart's replace to left side and could include atrioventricular septal defect, or structural heart disease, the inferior vena cava ongoing azygos vein, heart block and viscerocardiac heterotaxy. Because of fetal arrhythmia and bradycardia, fetal non-immune hydrops and intrauterine death rates are common. In this study, left isomerism case diagnosed in early pregnancy is presented.

Case: 24 years old woman, whom has had five abortions and two healthy child, has consulted to our clinic because of fetal nuchal translucency has measured 3.32 mm and the risks for trisomy 13 and trisomy 18 in combined test has calculated 1/50. Patient was referred to our center at 15 weeks 2 days of gestation. In obstetric ultrasonography; stomach was observed on the right, fetal bradycardia (65 beats/min) and