opathy is seen in 10-15% of patients. The most significant risk factors for death are low birth weight, prematurity, hydrops fetalis, endocardial fibroelastosis and decreased ventricular function. The survey is 94% in patients underwent diagnosis and treatment in neonatal period. Biomarkers that may show advanced block such as extension within PR range in fetal Doppler have not been considered as useful. Current prophylactic treatment strategies for CCB are maternal steroid, plasmapheresis, sympathomimetics and intrauterine cardiac pace placement. Our case referred to our clinic due to low fetal cardiac rate at 24 weeks of gestation. The mother was 28 years old and it was her first pregnancy. In the fetal echocardiography performed, no structural cardiac disorder was found. Heart rate was 67-70 beat/min. It was seen that atrium and ventricles were incompatible, atrium rate was 80 beat/min. and ventricle rate was 50 beat/min., and third degree atrioventricular block was considered. Anti-Ro/SAA values of mother were requested and it was seen that they were positive. The patient was evaluated by fetal echocardiography biweekly; there was no recovery in heart rate but no dysfunction finding was found. Lower segment cesarean was performed due to early rupture of membrane at 35 week of gestation. Single male baby was born which was 2500 g and had Apgar score as 9. In the ECG, heart rate was 67 beat/min. Temporary pace was placed by inserting through femoral vein. Heart rate was set as 87 beat/min.

Keywords: Maternal lupus, congenital fetal cardiac block.

PP-052

Prenatally diagnosed right aortic arch case

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Right-sided aortic arch is a rare vascular pathology. Although its progress is asymptomatic, if there is compression on trachea or esophagus, chronic cough, dyspnea or dysphagia may occur. During postnatal period, its diagnosis is frequently established during the differential diagnosis of obstructive pulmonary diseases. Fetal cardiac screening is one of the most significant parts of fetal anomaly screening. Fetal heart should be evaluated in terms of the appearance of four chambers, the appearance of five chambers and the appearance three vein trachea. Thirty-one-year-old G3P1A1 patient who was followed up at an external center referred to our clinic at 24 weeks of gestation for fetal anatomic screening. Her combined test screening was normal in the first trimester. In the sonographic anatomic screening performed, fetal anatomy was evaluated as normal and her biometric measurements were compatible with the week of gestation. In the fetal cardiac examination, 4-chamber and 5-chamber plans and major vessel outlets were seen as normal. It was seen in the three vein trachea that aorta was located on the right side of the trachea. No additional anomaly associated with right-sided aortic arch was observed in the echocardiography. It was planned to perform fetal karyotyping and DiGeorge syndrome screening to the patient. Karyotype result done by cordocentesis was normal and 22q11 microdeletion was not found. The perinatal follow-up of the patient has been maintained at our clinic. In this study, we presented the case which had no fetal anomaly other than right-sided aortic arch in the fetal anomaly ultrasound screening. In such cases, fetal karyotyping and second trimester detailed anatomic screening should be done. Since dyspnea, chronic cough and dysphagia may arise in the newborn, the antenatal diagnosis of right-sided aortic arch is important.

Keywords: Fetal echocardiography, right aortic arch.

PP-053

Ultrasound prenatal diagnosis of holoprosencephaly: a case report

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Introduction: The holoprosencephaly (HPE) is a severe and complex congenital malformation of the brain associated with evocative facial anomalies. The prevalence is estimated at 1:10,000 live births and stillbirths and 1/250 design pregnancies. Early antenatal diagnosis of this malformation is essential for taking proper and early obstetrical management.

Objective: The aim of this case report is to illustrate the importance of ultrasonic examination in the prenatal diagnosis of holoprosencephaly.

Methods: HN is a 32 years old patient without particular antecedent, mother of a child in apparent good health. She was seen at 22 WA for systematic sonography examination. The morphological ultrasound discovered with intracranial signs: a large monoventricular cavity, lack of midline structures and fusion of thalamic masses suggestive alobar holoprosencephaly. Glycemic figures in this patient were normal, as well as acquired immunity to toxoplasmosis and rubella. Amniocentesis was performed at 23 weeks of gestation and an abnormal karyotype was diagnosed. The fetus had a trisomy of the 21st chromosome. The parents decided to terminate the pregnancy on the basis of the ultrasound abnormalities. Eight hours after inducing labor with vaginally administered misoprostol. Autopsy demonstrated further the alobar HPE