cases had adequate pregnancy monitoring. The primary pregnancy pathologies observed were gestational diabetes (23.3%), prolonged rupture of membranes (15.1%), and preeclampsia (5.5%). In terms of paralysis, 50.7% of cases were right-sided, 47.9% were left-sided, and 1.4% were bilateral. BPP was proximal (C5-C6+/-C7) in 82.4% of cases, complete in 16.2% of cases, and distal (C8-T1) in 1.4% of cases. The most frequently associated traumatic lesion with OBPP was a clavicle fracture, occurring in 17.8% of cases. Other associated lesions included sero-sanguineous bump (26%), diaphragmatic paralysis (5.6%), pneumothorax (2.8%), skull bone embarrures (2.8%), and humerus fracture (1.4%). Statistically significant differences were found for gestational diabetes (p=0.01), premature delivery (p=0.007), and term >40 weeks of gestation (p=0.019). Regarding delivery characteristics, statistically significant differences were found for shoulder dystocia (p<0.0001) and cesarean delivery (p<0.0001). In the multivariate analysis, the risk factors independently associated with OBPP were shoulder dystocia, forceps, and macrosomia. cesarean section emerged as a protective factor.

Table 1. Multivariate analysis : the risk factors independently associated with OBPP

Risk Factors	p	or
Shoulder dystocia	< 0.001	57.62
Forceps	0.001	10.18
Macrosomia	0.02	5.44
Caesarean section	0.014	0.11

Conclusion: Because of its unpredictable occurrence, the potential disability it can cause and the medico-legal implications arising from it, OBPP constitutes a major health challenge in Tunisia. This requires the implementation of preventive measures to limit the occurrence of these complications.

Keywords: Newborn, obstetric brachial plexus palsy, birth trauma

PP-029 Poland syndrome manisfesting as defective pectoralis major muscle and dextroscoliosis: a case report

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Objective: Poland syndrome is a rare congenital anomaly of unknown etiology, with variable clinical manifestations. Classically, there is predominantly, unilateral aplasia or hypoplasia of the sternocostal head of the pectoralis major muscle and ipsilateral brachysyndactyly. Through this case report, we want to elaborate on the hypothesized origin, clinical presentation, and classification of Poland syndrome. The case report will also highlight the atypical presentation of ipsilateral absence of pectoralis major muscle without classical hand deformity in a female neonate.

Methods: We report the case of a newborn, female, outcome of normal vaginal delivery, born to 28 years old, gravida 5, parity 4, O positive mother at 38 weeks of gestation. Mother was unbooked, not investigated and did not go for regular antenatal visits. There is no history of consanguinity or maternal drug use during pregnancy. Baby had cried immediately after birth and the Apgar score at 1 and 5 minutes were 8 and 9 respectively. Baby weighed 3.2 kg at birth (50th - 90th percentile), length 51 cms (90th - 97th percentile), and head circumference 35.5 cms (90th percentile). Delivery room examination revealed asymmetric chest contour, with depression on the right side of the chest, and flattening of right pectoral region. No other obvious congenital malformation was detected.

Results: Chest X-ray was suggestive of clear lung fields and relatively, mild dextroscoliosis with lower thoracic and upper lumbar level involvement. Cranial and abdominal ultrasonography were unremarkable. Echocardiography was normal. MRI and ultrasonography chest reported non-visualization of the right-sided pectoralis major muscle. Hence, a diagnosis of Poland syndrome involving right hemithorax in a female neonate was established.

Conclusion: Poland syndrome was first described by Alfred Poland in the year, 1840-1841. The incidence stands at 1:30,000, with a male preponderance. Classically, there is predominantly, unilateral aplasia or hypoplasia of the sternocostal head of the pectoralis major muscle and ipsilateral brachysyndactyly. Right hemithorax is involved in seventy five percent of the unilateral cases. Bilateral involvement of pectoralis major muscle have been infrequently reported in the literature. Other anomalies described include renal, vertebral, breast, anterior chest wall and lower limb malformation as well as lung herniation and dextrocardia. Vascular etiology has been hypothesized, wherein there is an interruption in the circulation of the subclavian and vertebral arteries during 6 weeks of gestation, a period associated with splitting of the two heads of pectoralis major and the development of tissues between the digits. There are also studies that have linked development of Poland syndrome to exposure to ergot alkaloids during the first trimester of pregnancy.

Keywords: Congenital heart disease, fetal echography, prenatal diagnosis, mortality

PP-030 Pregancy and endometriosis-a mini-rewiev of cases and literature

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Objective: A mini-review cases of pregnancy and endomtriosis following the steps of personal clinical cases and literature, considering the fact that while 15-20 % of the fertile couples attempting to become pregnant will be successfull each month, the number drops to 2-10% in couples affected by endometriosis.

Methods: A mini-review of 21 pregnancy cases in female pacients affected by endometriosis-evaluating clinical findings, simptomathology, ultrasounds exams, risks during pregnancy, modality of birth, age, social status, education level, provenience- in a period of 2 years (January 2022- January 2024).

Results: Since according to literature, the first pregnancy apparently happens 4-5 years later in life, than non-endo female patients (34.5%), sooner for the 24-35 years old age group. As simptomathology-some of them -22% exprience impaired status (maybe cause of increased progesteron), but a lot more-57 % declared pain, disgravidia, bleeding, while the rest of patients reported no improvement; As risks-35.8% have increased risk for miscarriages- even in the ones with mild endometriosis; preterm birth was 1.5 times more likely and placenta praevia (32.1%) was related consecvently to higher risk for signifiant bleeding and placenta abruption.

Age groups were devided: 18-24, 24-34, 34-44 years old, most of them, having higher educational level (41.2 %, have attended univeristy), and they were 51.6 % from an urban area. We devided the patients in 2 groups: one with necesity of surgical treatment such as cystectomy for ovarian endometriosis, ablation or excision of endometriolic cysts or adesiolysis (11) and those treated only with medication (10); As a result, the ones with surgical treatment have increased rates for C-sections (OR. 4.6L, CI-211-10.10) p<0.01.

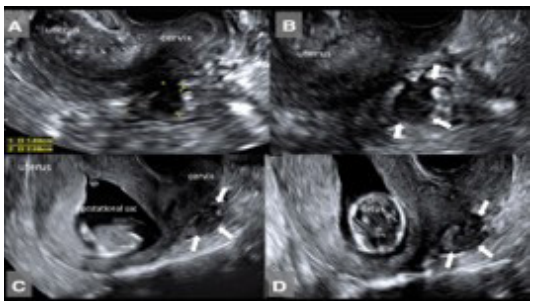

Fig 1. Ultrasound image from a patient with a rectal deep endometriotic lesion who became pregnant spontaneously at 3 months after the transvaginal sonography (TVS) scan for tubal patency testing (hysterosalpingocontrast sonography)

Conclusion: As simptomatology (disgravidia, abdominal pain, vaginal bleeding, recurent abortions), was higher than in pregnant women with no endometriosis, and the increased risks for C section, following placente praevia, abruption etc.- these are enough baselines to approach a new algoritm of the diagnosis and treatment, based on specific needs this type of pregnancy. There is more to learn and study about a disease like endometriosis, affecting more and more women and requiring needs for special healthcare.

Keywords: Endometriosis, pregancy, equity, algoritm, healthcare

PP-031 Prognostic significance of the ADAMTS-13/vWF axis during pregnancy

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Objective: To compare the features of the functioning of the ADAMTS-13 /vWF system in pregnant women with physiologically occurring pregnancy in the I, II, III trimester and in pregnant women with a physiological