

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 Pregnancy and endometriosis-a mini-review of cases and literature

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Objective: A mini-review cases of pregnancy and endometriosis 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 successful each month, the number drops to 2-10% in couples affected by endometriosis.

Methods: A mini-review of 21 pregnancy cases in female patients affected by endometriosis-evaluating clinical findings, symptomatology, 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 symptomatology-some of them -22% experience impaired status (maybe cause of increased progesterone), but a lot more-57 % declared pain, dyspareunia, 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 consecutively to higher risk for significant bleeding and placenta abruption.

Age groups were divided: 18-24, 24-34, 34-44 years old, most of them, having higher educational level (41.2 %, have attended university), and they were 51.6 % from an urban area. We divided the patients in 2 groups: one with necessity of surgical treatment such as cystectomy for ovarian endometriosis, ablation or excision of endometriotic cysts or adhesiolysis (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 symptomatology (dyspareunia, abdominal pain, vaginal bleeding, recurrent abortions), was higher than in pregnant women with no endometriosis, and the increased risks for C section, following placenta praevia, abruption etc.- these are enough baselines to approach a new algorithm 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, pregnancy, equity, algorithm, 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