Single umbilical artery OR Four vessels umbilical cord AND Perinatal outcomes OR Fetal malformations OR Chromosomal abnormalities (Title/Abstract). Following the removal of duplicate entries, the authors proceeded with a preliminary review of titles and abstracts to evaluate their alignment with the review's objectives. This preliminary phase involved sifting through titles and abstracts, culminating in the selection of 21 pertinent articles. These chosen studie s form the bedrock of a narrative review designed to dissect and elucidate the nuanced impacts that anomalies in umbilical cord vessel count exert on perinatal outcomes.

Results: The presence of a single umbilical artery (SUA) in prenatal diagnosis may signify potential risks for fetal anomalies and adverse pregnancy outcomes such as hemodynamic instability, ischemia, and increased likelihood of intrauterine growth restriction (IUGR). Despite SUA is associated with certain complications such as prolonged NICU stay and impaired fetal growth, the significance of these risks may vary depending on the individual case. Additionally, even the presence of supernumerary vessels may be associated with fetal malformations.

Conclusion: Serial fetal evaluations, including ultrasound examinations and Doppler studies, are recommended for detecting anomalies and monitoring fetal growth throughout pregnancy. Despite the generally benign nature of isolated SUA and supernumerary vessels, close monitoring and comprehensive prenatal care are essential to ensure optimal outcomes for both mother and baby. This involves vigilant prenatal screening, postnatal examinations, and appropriate management strategies tailored to each unique case.

Keywords: Umbilical cord, supernumerary vessels, single umbilical artery, chromosomal abnormalities, fetal malformations

PP-033 The Atrioventricular complete heart block diagnosed on the preoperative routine test for caesarian section

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Objective: The management of women presenting with with complete heart block during pregnancy remains very challenging. Untill now, there is not an established consensus for the most appropriate anaesthetic technique for caesarean section in women with complete atrioventricular block.

Methods: On our case, the atrioventricular complete heart block was diagnosed on the preoperative routine test for Caesarian Section due to cephalo-pelvic disproportion. The patient had no rregular antenatal check ups at a local hospital. Her parents reported rare episodes of syncope during childhood and adolescence and one more episode two year before. During pregnancy she did not report any sincope episode except from being tired .

Results: For obstetric reasons caesarean section was performed successfully under spinal anaesthesia with continuous monitorization during intraoperative time without a pacemaker .Even though the patient reacted well during administration of atropine a temporary pacemaker was found to be in case we would need it. A healthy baby boy of 3350 gram was delivered. During postpartum period the patient did not have any complains or syncope episodes. It was strongly recommended to her a regular follow up to cardiology department.

Conclusion: As suggested by our case, asymptomatic atrioventricular complete heart block in pregnancy can be managed successfully without pacemaker. However, careful monitoring, is necessity by the pregnancy heart team with a cardiologist, anaesthetist and obstetrician, with experience in the management of high risk pregnancies. Management of the risk for cardiovascular and obstetrical complications is difficult in pregnant women with complete heart block. Asymptomatic complete heart block in late pregnancy should be managed without pacemaker by the pregnancy heart team with a cardiologist, anaesthetist and obstetrician, with experience in the management of high risk pregnancies.

Keywords: Pregnanacy, complete atrio ventricular heart block,temporary pacing,obstetrical complication

PP-034 The Contribution of molecular cytogenetics to diagnosis and genetic counseling of microdeletional syndromes in neonatal period

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Objective: Microdeletional syndromes are rare genetic pathologies, defined as the presence of loss of small chromosomal fragments (< 5 megabases), not visible on a standard karyotype. These microdeletions are