Family history of congenital anomalies. At 35 weeks of pregnancy another ultrasound scan was performed. The aneurysm measured 40×29.6×31 mm. A viable female was delivered per via naturalis at 38 weeks of gestation with a birth weight of 3.15 kg and Apgar scores 7 and 8 at 1 and 5 min, respectively. On day 13, an abdominal CT-angiography scan showed a large thin-walled suprarenal aneurysm measuring 37×47×34 mm. The infant was followed up conservatively till 1 year old. At age 1 year the aneurysm was successfully resected and multiple-branch prosthesis was placed. At age 3 years old neurological and motor development of the girl is normal.

EP12.16
Fetal ascites: when the mesentery beckons
D. Singh1, L. Kaur1, N. Khanduja2
1Prime Imaging and Prenatal Diagnostics, Chandigarh, India; 2IGMC, Shimla, India

Fetal ascites can occur due to numerous causes: viral, chromosomal, genitourinary, gastrointestinal, cardiopulmonary and hematologic disorders. The etiology of ascites determines postnatal outcome. A knowledge of etiology of ascites aids effective counselling and management. We present a case of fetal ascites in a 28-year old second gravida at 21 weeks of gestation. Ultrasound of the fetal abdomen revealed fluid around the liver and small bowel. No bowel dilatation was seen. An ill-defined hypoechoic area was seen in the mesentery. Middle cerebral artery peak systolic velocity was normal. No other abnormality was noted. The woman’s blood group was Rhesus positive. There was no significant medical or family history. Maternal TORCH screening was negative. Amniocentesis revealed normal karyotype. A follow-up sonogram after one month revealed complete resolution of the ascitic fluid. Instead, there were linear calcific foci seen along the surface of the liver and the small bowel in the location of fluid seen on the previous scan consistent with meconium peritonitis. A well circumscribed hypoechoic lesion measuring 1.9×1.4 cm with calcified wall suggestive of a meconium pseudocyst was seen in the mesentery at the site of the ill-defined hypoechochogenicity seen earlier. Bowel pattern was appropriate for the period of gestation. The patient delivered a 2.9 kg boy at term. The neonate passed meconium within 8 hours of birth. Postnatal ultrasound did not reveal any abnormality. The infant was doing well on postnatal follow-up at two months. This case illustrates the sonologic chronology of in-utero intestinal perforation presenting as fetal ascites. The ill-defined hypoechochogenicity in the mesentery observed in the first sonogram was likely due to mesenteritis and meconium spillage. Identification of mesenteric hypoechochogenicity in a fetus with ascites can serve as a pointer towards the occurrence of bowel perforation. Isolated bowel perforation has a favourable outcome.

EP12.17
Fetal adrenal gland enlargement: prenatal and postnatal management
E. Lackova1, A. Cunderlik1, L. Ticha2
1Clinic of Gynecology and Obstetrics, Slovak Medical University and University Hospital Bratislava, Bratislava, Slovakia; 2First Pediatric Department, Children’s University Hospital Bratislava, Bratislava, Slovakia

Objectives: The enlargement of suprarenal gland is related to preterm birth and the birth weight. The ultrasound measurement of fetal adrenal gland volume may identify women at risk for impending preterm birth. The aim of our study was to investigate the newborns in the region of western Slovakia followed up due to suprarenal gland enlargement. To set the ratio of prenatally diagnosed suprarenal gland enlargement, postnatal management and treatment and interventions.

Methods: Retrospective cohort study. We analysed 6 years of medical records of all cases from the western Slovakia region of suprarenal gland enlargement. The diagnosis of suprarenal gland enlargement was set by postnatal ultrasound examination. The newborns with positive laboratory screening on congenital adrenal hyperplasia are followed up in specialised outpatient clinic and excluded from study. We analysed the origin of suprarenal gland enlargement, gestation week on the due date, the birth weight and other comorbidities and genetic pathologies in newborns with the enlarged suprarenal glands.

Results: In 6 years period 6 newborns were followed up due to suprarenal gland enlargement. All patients had adrenal hemorrhage. Adrenal lesions were not confirmed. Adrenal enlargement were benign, none genetic abnormalities set. There was no information about diagnosis in prenatal ultrasound measurements, the adrenal gland enlargements were described on the 4th postnatal day. Average birthweight 3030g, average gestation week on due date was 39. 85% from the patients were born on 40 gw, 15% on 39 gw.

Conclusions: The study didn’t confirm the relationship between suprarenal gland enlargement and preterm birth. 6 years period was with no prenatal diagnosis of suprarenal gland enlargement. Adrenal gland enlargement didn’t have a relation with the low gestation birth weight nor length. The adrenal gland enlargement didn’t have a relation with the preterm birth. In the followed up period we found only patients with adrenal gland enlargement with congenital adrenal hyperplasia.

EP12.18
Abstract withdrawn

EP12.19
Diagnosis by ultrasound of omphalocele during first trimester of pregnancy
C. Martinez-Payo, V. Engels Calvo, Y. Chiverto, Y. Nieto Jimenez, F. Garcia Benasach, M. Ruiz de Azua Ballesteros, T. Perez Medina
Obstetricia y Ginecologia, Hospital Universitario Puerta de Hierro Majadahonda, Majadahonda, Madrid, Spain

Objectives: To review all omphaloclecases diagnosed during first trimester of pregnancy in our unit between 2008 and 2016. Our aim was to describe the ultrasound, genetic findings and the evolution of gestation.