prognosis. SFR can be performed using several techniques, including umbilical cord occlusion, radiofrequency ablation, bipolar coagulation and intrafetal laser therapy.

Intrafetal laser therapy is an innovative approach that uses ultrasound guidance to deliver laser energy to the body or organs of a specific twin fetus. This treatment modality has been shown to treat a variety of conditions including TTTS, Selective Fetal Growth Restriction (sFGR), Twin Reverse Arterial Perfusion Sequence (TRAP) and fetal tumours. It is well known that intrafetal laser is usually performed between 12-18 weeks of gestation. In this case, we have shown that intrafetal laser can be performed at 24 weeks of gestation.

Conclusion: We performed selective fetal reduction with intrafetal laser at 24 weeks gestational age. We did not observe any complications. This case may be encouraging for the use of intrafetal laser in later weeks. However, as it is a single case, more cases are needed to see the real effect and to evaluate possible adverse outcomes.

Keywords: Monochorionic twin, fetoscopic laser, ttts

OP-11 Prenatal diagnosis of a fetus with 45,X47,XYY mosaicism

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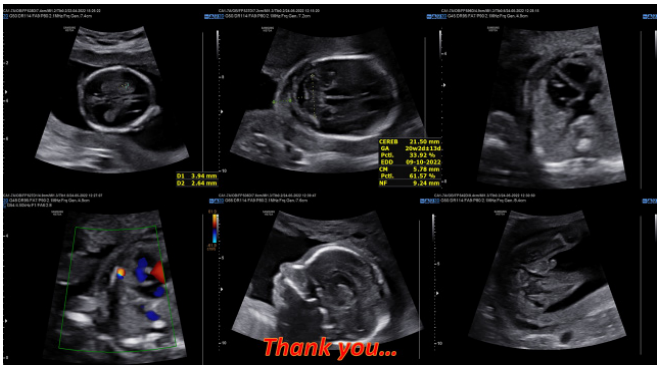
Objective: 45,X/47,XYY mosaicism is quite rarely reported in fetuses, children and adults. Therefore, the true prevalence of the condition is still not well documented.[1] The first case was described by Jacobs et al. in 1961.[2] It is considered to be a type of mixed gonadal dysgenesis and most of the cases are diagnosed postnatally. The phenotype is highly variable ranging from Turner stigmata to normal male. Sonographic phenotypic characteristics are usually too subtle to identify making the condition difficult to diagnose prenatally. Although ambiguous genitalia signs such as cliteromegaly, labial fusion, hipospadias, micropenis may be the major findings, some other associated anomalies like increased nuchal translucency or hypoplastic nasal bone have been reported.

Case: 27 years old mother with her fourth pregnancy after an abortion and a termination because of body stalk anomaly was referred for counselling due to an increased combined risk of for Trisomy 21. No other significant maternal risk factor except for iron, vitamin D, folate deficiency, history of nephrolithiasis, recurrent urinary tract infections and group B streptococcus carriage was detected. Ultrasound scan at 17 weeks revealed shortness of fetal femur, bilateral choroid plexus cysts and hyperechogenic bowel. Prenatal diagnosis via amniocentesis was offered and the parents accepted the procedure.



Results: Second trimester fetal anatomic scan at 22 weeks detected increased nuchal fold thickness, cardiac left ventricular echogenic focus, muscular ventricular septal defect and relative micrognathia in addition to aforementioned findings (Figure1). QF PCR Analysis of amniotic fluid for 13, 18, 21, X, Y chromosomes determined 35% X0, 14% XYY mosaicism. Definitive karyotype analysis accordingly confirmed 45,X0/47,XYY mosaic chromosomal pattern. The parents were provided with detailed and extensive genetic - prognostic counselling and finally opted for the termination of pregnancy at 23rd week. Feticide was performed and 450 gr externally normal male fetus was delivered subsequently. Parental karyotype analysis was later revealed to be normal.

Conclusion: Coexistence of several prenatal minor sonographic fetal findings and elevated trisomy risks of standard serum biochemical tests should lead to further evaluation of the pregnant patient. Keeping in mind the relative lower sensitivity of non-invasive prenatal tests for gonosomal anomalies, the option of invasive prenatal

diagnostic procedures may be offered to parents after satisfactory genetic counselling. Some of these subtle signs may come out as rare karyotype abnormalities of varying severity and significance.

Keywords: Genetic, ultrasound, prenatal diagnosis, syndrome

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OP-12 Comparative case reports of prenatally diagnosed left ventricular aneurysm and diverticulum

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Objective: Primary congenital ventricular aneurysm (VA) and ventricular diverticulum (VD) are rare congenital cardiac malformations. The differencial diagnosis is based on anatomical, histological and functional criteria. In this case report; prenatal diagnosis, follow up and clinical outcomes of VA and VD is discussed.

Case: Two cases at 36 and 33 th gestational weeks were referred to our clinic due to suspected fetal cardiac anomaly.

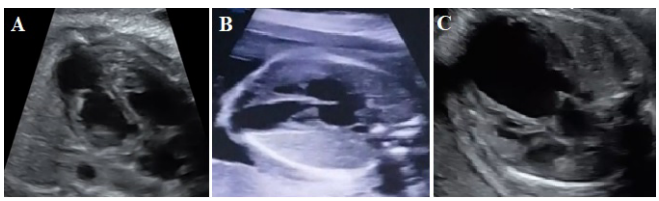

Fig 1. Case 1, LV diverticulum at 36 weeks (A); Case 2, LV aneurysm at 22 weeks (B) and at 33 weeks (C)

Table 1. Clinical characteristics of the cases

	Case 1	Case 2
Gestational age at diagnosis	36	22
Associated Cardiac Chamber*	Left Ventricle	Left Ventricle
Communication*	Narrow	Broad
Wall thickness*	Thick	Thin
Myometrial continuity*	Yes	Suspected
Contraction*	Synchronous	Hypokinetic
Prenatal Diagnosis	Diverticulum	Aneurysm
Prenatal Follow-up	Stable	Dilated Cardiomyopathy
Gestational age at birth	39	34
Postnatal follow-up	Asymptomatic	Death at day 23

*Sonographic findings of the cardiac outpouching

Discussion: Clinical outcomes of VA and VD range from fetal death to asymptomatic survival. Earlier gestational week at diagnosis, outpouching related with LV and hydrops fetalis were reported as the factors associated with mortality, while the type of ventricular outpouching was not. Approximately 70% of cases remain asymptomatic in postnatal follow-up.

Conclusion: Venticular diverticulum and aneurysms should both be closely followed up prenatally.

Keywords: Aneurysm, diverticulum,fetal heart, left ventricle

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OP-13 A rare lesion detected on the fetal face in the 3rd trimester dacryocyctocele

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Objective: Congenital dacryocystocele is a rare benign disease that presents as a cystic mass on the lacrimal sac at birth. These lesions, which are usually detected incidentally at 30 weeks of gestation, may cause parental anxiety if the prenatal diagnosis is uncertain.

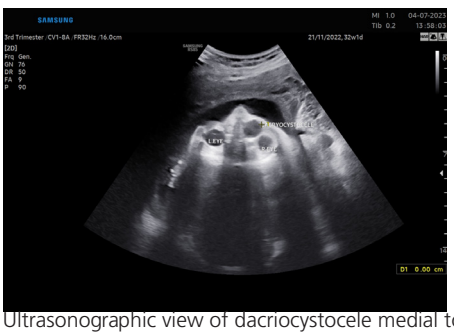

Fig 1. Ultrasonographic view of dacriocystocele medial to right eyeball in axial section of fetal face

Case: A 23-years-old, 32 weeks and 1 day G3P1T1Y1 patient was referred to our outpatient clinic due to a cystic lesion on the fetal face. The patient's history was unremarkable and no consanguinity with her wife. In the ultrasound of the patient, a well-defined, thin-walled, 12x10 mm, anechoic cystic structure was observed on the medial side of the right eyeball of the fetus(figure 1). Evaluated in favor of dacryocystocele. There were no additional ultrasonographic features. TORCH