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.

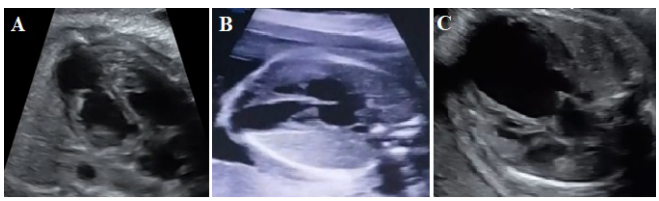

Fig 1. Case 1, LV diverticulum at 36 weeks (A); Case 2, LV aneurysm at 22 weeks (B) and at 33 weeks (C)

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.

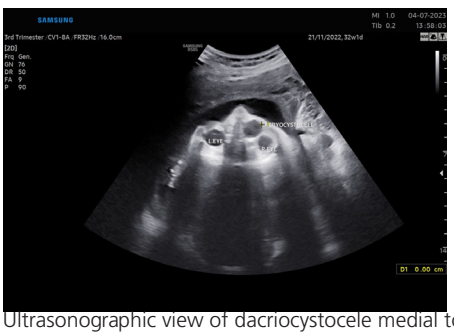

Fig 1. Ultrasonographic view of dacriocystocele medial to right eyeball in axial section of fetal face

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

infection were negative. The patient's NIPT test result, which was performed at an external center at the 15th week of pregnancy due to maternal anxiety, was normal karyotype. Fetal Magnetic Resonance (MR) imaging result was reported as consistent with dacryocystocele. The pregnancy of the patient continues at 38 weeks and she is followed up by our clinic. There is no change in lesion size and appearance.

Conclusion: The canalization of the lacrimal duct begins around the 12th week and is not completed until the 24th week. Therefore, fetal ultrasound scans before 27 weeks of gestation are usually normal in these cases. Congenital dacryocystocele diagnosed prenatally may resolve spontaneously before birth. In rare cases, a dacryocytocele may be associated with other genetic or anatomical anomalies. It is important to rule out other causes of periorbital cystic lesions. Atypical cases may benefit from MRI. Although congenital dacryocystoceles are benign, newborns must breathe through the nose, and when the lesions are large and occur bilaterally, the obstruction may cause respiratory distress in the newborn. A better understanding of prenatal sonographic findings can help optimize perinatal care of potentially affected fetuses and appropriately orient their parents.

Keywords: Dacryocystocele, preorbital cyct, ultrasound

OP-14 Fetal right ventricular diverticulum a case report

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Objective: We report the case of 27 years old age Turkish lady G2 P1 at 20 weeks of gestations, double test was normal, attended for routine prenatal ultrasound screening a four chamber ultrasound of the heart with right ventricular diverticulum associated with pericardial effusion.

Case: A 27 years old age woman at 20 weeks of gestation, came for routine second trimester ultrasound screening. Ultrasound revealed four chambers of the heart with right ventricular outpouching (right ventricular diverticula or aneurysm) associated with pericardial effusion, no other anomalies. She was explained about the ultrasound findings and referred to pediatrics cardiology, fetal cardiac echo was done, confirmed the ultrasound findings and the diagnosis of fetal right ventricular diverticulum with pericardial effusion with no other cardiac malformations. She was followed up by ultrasound at 22 weeks of gestations, which revealed same findings but the pericardial effusion increased. Follow up ultrasound at 24 weeks of gestations the fetus was intrauterine death.

Discussion: By reviewing literature the overall prenatal prognosis of ventricular diverticula is favorable even if associated with pericardial effusion, hence conservative management may be a reasonable option, unless there is risk of impending rupture, cardiac temponade or significant lung compression and subsequently pulmonary hypoplasia. Our case was with right ventricular diverticulum and pericardial effusion and no other cardiac malformations and the choice of conservative management was opted but the fetus died at 24 weeks of gestation. Among the therapeutic options fetal pericardiocentesis to decompress the fetal thorax to allow lung expansion and reduction of systemic venous pressure leading to reduction in the risk of pulmonary hypoplasia but the risk is considered too high especially in isolated ventricular diverticulum with pericardial effusion as pulmonary hypoplasia usually resolve with corticosteroid therapy and pericardial effusion disappears progressively in most of the cases.

Conclusion: The prognosis is good in isolated cases. The 10 years survival rate for the patients with ventricular diverticula is approximately 80% while the 4 years survival rate for patients with congenital ventricular anuerysm is approximately 30%. However complications include rupture, arrhythmia, thrombus formation, heart failure and infective endocarditis, therefore, monitoring is required.

Keywords: Diverticulum, fetal heart, right venticle

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3.

OP-15 Case report pulmoner embolism during pregnancy

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Objective: Thrombosis is limited to the deep veins of the lower extremities in most cases during pregnancy. In this case, a rare arterial embolism (in the left anterior tibial artery) was observed. A 36-year-old 33-week pregnant woman patient with a history of G3P2 2*CS was admitted into ALKU Hospital due to dyspnea and tachycardia. Pulmonary embolism is a mortal condition seen in 1/7000 pregnancies. There is clinical evidence of DVT in 70% of women who develop pulmonary embolism.

Case: A 36-year-old 33-week-old pregnant woman applied to the emergency department with complaints of high fever, left flank pain and shortness of breath.