

MHz convex abdominal probe. Ultrasonography findings and patient history were noted.

Case: 26-year-old primigravid patient applied to our polyclinic for detailed ultrasonography at the 20th week of her pregnancy. There was no additional feature in her anamnesis and it was learned that the first trimester screening test was reported as low risk. On ultrasonography, the gallbladder had the appearance of Phrygian cap (Figure 1,2), and right renal anteroposterior (AP) diameter: 9 mm, left renal AP diameter: 7.7 mm, it was evaluated as bilateral pelviectasis, no additional anomaly was observed. In the control examination performed at 32 weeks, right renal AP diameter: 6.3 mm, left renal AP diameter: 5.5 mm. The pregnant woman, who had no features in her follow-ups, was delivered by cesarean section at 39 weeks with an indication of breech presentation. In the postnatal period, the gallbladder was reported as Phrygian cap in the abdominal ultrasonography performed on the newborn, the anteroposterior diameter of the pelvis in the bilateral kidneys was evaluated as normal, and no problems were observed in the newborn follow-ups.

Results: Phrygian cap is the most common congenital anomaly of the gallbladder. Although this image, which is formed by the folding of the gallbladder from the fundus, is not clinically meaningful, pathologies with clinical significance such as tumoral mass in the liver or gallbladder and duplication are included in the differential diagnosis. For these reasons, making the diagnosis carefully, informing the family about other possible diagnoses, and confirming the diagnosis with abdominal ultrasonography or MRI in the postnatal period are vital for the clinical course.

Keywords: Gallbladder, pyrgian cap, ultrasound

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PP-02 Prenatal diagnosis of isolated redundant foramen ovale

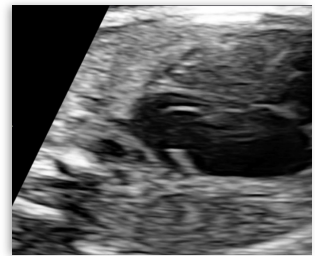
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Objective: Redundant Foramen Ovale (RFO) is a rare cardiac anomaly. In this case report; Prenatal diagnosis and management of isolated redundant foramen ovale is discussed.

Case: During a routine mid-trimester cardiac examination, we found that the foramen ovale flap extended at least half way into the left atrium and was isolated. There were no arrhythmias during follow-up and right heart function was normal. After delivery, the baby has no hydrops or arrhythmia.



Discussion: Redundant Foramen Ovale (RFO) is defined as an abnormally redundant foramen ovale flap that extends at least halfway across the left atrium. It can cause right ventricular volume overload leading to fetal hydrops and subsequent heart failure. RFO usually occurs in isolation, but when associated with congenital heart disease it carries a poor prognosis

Conclusion: Redundant Foramen Ovale (RFO) is a rare cardiac anomaly. It can cause arrhythmias and right heart dysfunction. Most cases resolve spontaneously after birth.

Keywords: Cardiac anomaly, foramen ovale, redundant

References

1. Prenatal Diagnosis of Isolated Redundant Foramen Ovale: A Case Report may 2023 *journal of fetal medicine* 5/9

PP-03 Prenatal diagnosis of ductus arteriosus aneurysm

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Objective: Ductus arteriosus aneurysm is a rare cardiac anomaly. In this case report; Prenatal diagnosis and management of ductus arteriosus aneurysm is discussed.



Case: Our patient was referred to our clinic with fetal growth restriction at 39 weeks gestation. During a routine fetal cardiac scan, we found the ductus arteriosus to be larger than normal diameter. Right heart function was