



normal and there was no tricuspid regurgitation. Postnatal cardiac evaluation was normal. Follow-up was uneventful and the ductus arteriosus closed within 3 days.

Discussion: Ductus arteriosus aneurysm is usually diagnosed in the third trimester. Ductus arteriosus aneurysms resolve spontaneously; however, a small group of infants present with complications such as connective tissue disorders, thromboembolism, compression of surrounding thoracic structures, and life-threatening spontaneous rupture requiring surgical correction.

Conclusion: Ductus arteriosus aneurysm is a rare cardiac anomaly. When a ductus arteriosus aneurysm is diagnosed, the function of the right heart needs to be assessed. After birth, the ductus arteriosus must be assessed for premature closure.

Keywords: Aneurysm, ductus arteriosus, ultrasound

References

1. Tseng JJ, Jan SL. Fetal echocardiographic diagnosis of isolated ductus arteriosus aneurysm: a longitudinal study from 32 weeks of gestation to term. *Ultrasound Obstet Gynecol.* 2005;26:50-56.

PP-04 Pheochromocytoma in pregnancy

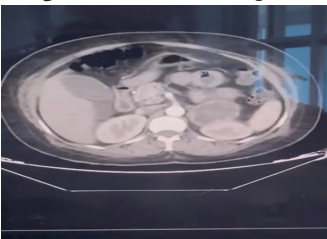
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Objective: Pheochromocytoma is a neuro-endocrine tumor which secretes catecholamine. It is rare in pregnancy.. In this case report; Diagnosis and management of pheochromocytoma in pregnancy is discussed.

Case: Our patient was referred to the emergency clinic at 33 weeks of pregnancy with preeclampsia. The blood pressure was measured at 190/100 mmHg and could not be controlled. Fetal growth restriction was also diagnosed. A 24-hour proteinuria test showed a result of 2 grams per day. We delivered via C-section due to fetal distress and uncontrollable blood pressure. The baby passed away in the neonatal intensive care unit due to complications arising from fetal growth restriction and died after 3 days.



Discussion: Pheochromocytoma is a neuro-endocrine tumor which secretes catecholamine. It is rare in pregnancy. Misdiagnosis as gestational hypertension or preeclampsia may cause delays in diagnosis. Increased catecholamine cause hypertension and life threatening complications.

Conclusion: Pheochromocytoma should be taken into consideration as a possible factor in cases of uncontrolled blood pressure during pregnancy.

Keywords: Hypertension, nueroendocrine tumor, pheochromocytoma, pregnancy

References

1. Pheochromocytoma in Pregnancy A Case Series and Review Raymond Oliva et all. *Hypertension.* 2010;55:600-606

PP-05 Prenatal diagnosis of S-shaped ductus arteriosus

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Objective: S-shaped ductus arteriosus is a variant, but cardiac function must be evaluated at 2-3 week intervals. In this case report; Prenatal diagnosis and management of S-shaped ductus arteriosus is discussed.



Case: The patient was referred to our clinic due to an abnormal view of the three-vessel trachea at 32 weeks. We identified an S-shaped ductus arteriosus, but there is no tricuspid valve regurgitation observed, and the right heart function appears normal.

Discussion: The DA can be classified as straight, mildly curved (C-shaped banding) markedly curved, or S-shaped . During middle gestation, percentage of S-shaped ductus arteriosus can increase. After 32 weeks, the S-shaped ductus arteriosus can cause tricuspid valve insufficiency and dysfunction of the right heart.

Conclusion: When an S-shaped ductus arteriosus is diagnosed, it is important to avoid using ductal constricting agents. S-shaped ductus arteriosus is a variant, but cardiac function must be evaluated at 2-3 week intervals.

Keywords: Curved, ductus arteriosus, ductal constriction, S-shape, tricuspid valve insufficiency

References

1. Mielke G, Peukert U, Krapp M, Schneider-Pungs J, Gembruch U. Fetal and transient neonatal right heart dilatation with severe tricuspid valve insufficiency in association with abnormally S-shaped kinking of the ductus arteriosus. *Ultrasound*