Conclusion: Neonatal hypoglycemia is a matter of keen debate in contemporary neonatology and one of the leading causes of term admission to Neonatal Intensive Care Unit. The development of consistent international protocols for the management of this biochemical abnormality seems of insurmountable importance in order to prevent brain injury and neurodevelopmental impairment and optimize the outcomes of hypoglycemic neonates.

Keywords: Neonatal hypoglycemia, screening, management, guidelines

PP-013 A Happy ending of a velamentous cord insertion

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Objective: Velamentous Cord Insertion is an umbilical cord attachment to the membranes surrounding the placenta instead of the central mass. The estimated incidence was 0.4% - 11% in singleton pregnancies, with higher incidence in twin pregnancies (1.6% -40%).

Velamentous cord insertion was associated with adverse perinatal outcomes, most notably pre-term birth and emergency caesarean section in singleton pregnancies, and perinatal mortality in twins; however, the prenatal diagnosis is based upon the presence of characteristic sonographic findings (membranous umbilical vessels) at the placental cord insertion, this becomes more difficult with advancing gestation.

Methods: A 32 year old woman, gravid 2, para 1, with 24 weeks low-risk gestation came to our clinic to have a routine transabdominal ultrasonography with a suspicion velamentous cord insertion. The fetal growth was normal, the cord seemed to end some centimetres from the placenta, at which point the umbilical vessels separate from each other and cross between the amnio and chorion before connecting to the subchorionic vessels of the placenta, located on the anterior wall. Colour doppler imaging enhances identification of the vessels (Figure1). The suspicion of velamentous cord insertion was done at 12 weeks' gestation scan when the site of placental cord insertion seemed localized at the edge of the placental disk (Figure 2).

Results: I warned for adverse perinatal outcome (fetal growth restriction, need for caesarean delivery, intrapartum and postpartum bleeding) and I advised pregnancy monitoring more closely. She did several scans and the suspicion of velamentous cord insertion was strong in all of them, especially with the use of colour doppler. Fetal growth was normal and compatible with 12th weeks scan.

This clinical information was very important to the clinical team when she was admitted to the hospital in labour at 39 th weeks gestation. A vaginal delivery it happened.

Fig 1. VCI suspicion in 3rd Trimester of gestation

Fig 2. 1st Trimester VCI suspicion

A female infant was delivered, weighing 3100 gr, with Apgar score of 8 and 9 at 1st and 5th min. There was no record of neonatal or obstetric complications. After giving birth to the baby, the mother was instructed to expel the placenta, which according to her was like having another birth. A small placenta with velamentous cord insertion were observed (Figure 3).

Fig 3. Velamentous Cord Insertion

Conclusion: This case was approached with care in his surveillance, although velamentous cord insertion was suspected before birth, many of its sequelae are

only identified in the intrapartum period. Its definitive diagnosis is made by local examination of the placenta, cord and membranes after birth and can have a serious outcome. The sooner it is suspected and therefore monitored, the better the prognosis.

Keywords: Ultrasonography, doppler, colour, umbilical cord / abnormalities

PP-014 A rare anomaly, limb body wall complex

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Objective: Limb Body Wall Complex (LBWC) also referred as body stalk, is a rare sporadic condition seen with multiple malformations, a wide spectrum of body wall anomalies. The incidence rates varies between 0.2 to 1.3 per 10.000 pregnancies and a ratio of 0.32 per 100.000 births. Birth ratios are decreased drastically due to malformations which show no compatibility with life. Malformations involve combination of craniofacial, thoracoabdominal wall, spinal and extremital structures. Findings have also shown short or absent umbilical cord and/or exteriorization of fetal heart and bladder additively. Typically used criteria for LBWC is outlined by Van Allen et al., suggesting that presence of two out of three of the following are diagnostical; -Exencephaly or encephalocele with facial defects, -thoraco and/or abdominochisis, -limb defects. We present a rare case of LBWC presenting with vertebral deformities, gastroschisis and exencephaly in a 27 years old nulliparous woman.

Methods: G1P0, 27 years old woman comes in for a routine first trimester screening test at 12 weeks and 6 days since her last menstrual date. She weights 69 kg, her vitals were stable, has no history of drug or alcohol use, no relativity with her partner and no chronic diseases. She was only using folic acid as a supplement. The obstetric ultrasonography showed an intrauterine singleton pregnancy which has positive fetal heart rhythm, intact plasenta and increased amniotic fluid quantity together with kyphoscoliosis, gastrochisis and excencephaly was seen in a Crown rump length(CRL) : 10+6, 39mm fetus.

Results: Most likely diagnosis was LBWC. Termination was suggested to parents due to unexpected fetal compliance. Parents were also referred to medical genetics clinic. The selected termination method was misoprostol regimen. A total fetal and placental material was aborted which a gender discrimination could not be made and sent to genetical and pathological examination (Figure 1-2). Genetic studies still continue for microarray and chromosomal analysis but as seen in other cases that are presented in the literature, results are expected to be normal. Material was also sent to pathological examination for necropsy for a gold standard diagnosis; which has been also shown in previous studies as normal but we are stil awaiting for the definitive result.

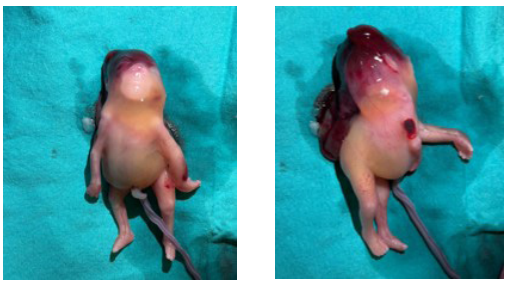

Fig 1-2. Photo of the aborted fetus affected with limb body wall complex presenting: exencephaly, gastroschisis, kyphoscoliosis.

Conclusion: The aim of this study is to remind our colleagues the importance of intrauterin sonographic diagnosis which is a non invasive, cheap and fast way to detect the hallmarks of such anomalies at early stages of pregnancy. We acknowledge that LBWC is a rare and often missed diagnosis anomaly, but with this case report we like to effectuate you to rise the suspicion of LBWC when scoliosis, neural tube defects, thoraco-abdominochisis or abnormal fetal membranes are seen.

Keywords: Limb body wall complex, body stalk

PP-015 Birth injuries in newborns, about 132 cases

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Objective: Birth trauma (BT) is an acquired injury that results from physical pressure during childbirth, usually during delivery from the birth canal. It is a major public health problem and a determining factor in neonatal morbidity and mortality, threatening life and/or function. To study the clinical, therapeutic and evolutionary aspects of neonatal BT.

Methods: Descriptive, retrospective study conducted in the neonatal intensive care unit of Farhat Hached Hospital of Sousse, over a period of 8 years and 3months (January 2016 - March 2024). We included all patients admitted to the unit and presented with BT. We excluded