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.

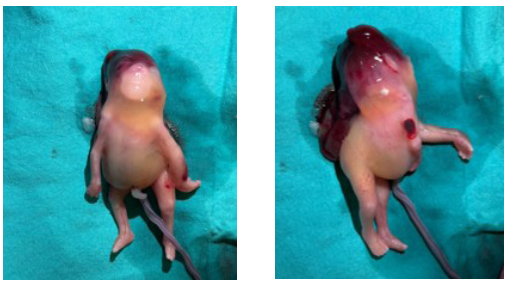

Fig 1-2. Photo of the aborted fetus affected with limb body wall complex presenting: exencephaly, gastroschisis, kyphoscoliosis.

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

newborns with simple serosanguineous bumps.

Results: We documented 132 cases of BT. Delivery was by vaginal route in 84% of cases, including 24.3% by forceps. Newborns were at term in 72% of cases and macrosomic (weight over 4000g) in 34%. The most common injuries were : Nerve injuries (elongation of brachial plexus, facial paralysis, diaphragm paralysis…) in 34% of cases, Bone Fracture (clavicle fracture, humerus fracture and femur fracture) in 26,5% of cases, Head injuries (cephalhematoma, skull bone fracture, bleeding in and around the brain…) in 24.2% of cases, and skin injuries (ecchymosis or hematoma…) in 15,3% of cases. The association of two or more lesions was noted in 25% of cases. Reasons for hospitalization included respiratory distress in 53% of cases, neurological distress in 28%, jaundice in 12% and hypoglycemia in 9%. The most common risk factors were advanced maternal age (56%), gestational diabetes (47%), primiparity (44%), instrumental delivery (20.4%) and dystocic presentation (12.1%). Treatment consisted of physiotherapy in 53% of cases and orthopedic treatment in 31%. The mortality rate in our series was 6%, and the cause of death was severe multivisceral failure secondary to perinatal asphyxia. The outcome was favorable with no sequelae in 89.4% of cases.

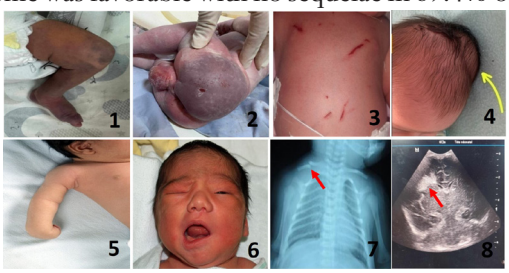

Fig 1. 1 : Left leg ecchymosis, 2 : Left buttock hematoma, 3 : Skin abrasion, 4 : Cephalhematoma, 5 : Right brachial plexus elongation, 6 : Left facial paralysis, 7 : Right clavicle fracture,8 : Trans-fontanellar ultrasound : right parenchymal hematoma.

Conclusion: BT can be prevented by good monitoring of pregnancy and assessment of the route of delivery, to avoid worsening the health of the newborn, who is already under the stress of childbirth and environmental change. Systematic examination of the newborn at birth is a reliable way of detecting them and managing them appropriately.

Keywords: Birth injuries, trauma, newborns

PP-016 Congenital cytomegalovirus infection: a clinical study

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Objective: Congenital Cytomegalovirus (CMV) infection is the most common intrauterine viral infection, affecting around 1% of newborns, and the must common cause of non-genetic sensorineural hearing loss in children. Nearly 90% of these newborns are asymptomatic at birth, but late neurosensory sequelae (hearing loss, vision impairement) and neurodevelopmental delays may occur in 10% of cases. These sequelae are variable in severity and difficult to predict in the antenatal setting. The aim of our study is to analyze the clinical, para-clinical, therapeutic and evolutionary data on congenital CMV infection diagnosed in the neonatal period.

Methods: A descriptive cross-sectional study, conducted over a period of 24 years (2000-2023), in the neonatology department of the Farhat-Hached University Hospital in Sousse, covering all symptomatic newborns (NB) hospitalized in our department and in whom congenital CMV infection was confirmed by qPCR.

Results: In our study, we included 20 newborns with symptomatic congenital CMV infection, divided into 10 girls and 10 boys. Eight NB were born prematurely. The main antenatal ultrasound abnormalities were intra-uterine growth retardation in 8 cases and microcephaly in 1 case. The main clinical manifestations suggesting congenital CMV infection were hypotrophy in 10 cases, neurological distress in 7 cases, jaundice, microcephaly and hepatosplenomegaly in 7 cases respectively, and petechiae in 3 cases. Age at diagnosis ranged from the 1st to the 16th day of life. Biological abnormalities included thrombocytopenia and hepatic cytolysis in 9 cases respectively, and cholestasis in 3 cases. Cerebral radiological examination revealed agenesis of the corpus callosum and periventricular calcifications in 2 cases respectively, and hydrocephalus in 1 case. Treatment with Ganciclovir at a dose of 12mg/kg/d was indicated in 4 cases. The subsequent course was fatal in 5 cases, with multi-visceral failure secondary to macrophagic activation syndrome and disseminated intra-vascular coagulation. Long-term sequelae included deafness and