for toxoplasmosis and cod blood PCR was investigated for fetal infection. PCR was positive for fetal infection. Although treatment of toxoplasmosis was initiated, preterm delivery of fetus was occur because of ablation.

Supporting information can be found in the online version of this abstract

VP12.08
Comparative characteristics of the impact of various types of herpes infection on the condition of the fetus

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Objectives: To conduct a comparative description of the effect of various types of herpes viruses on the state of the fetus.

Methods: The study involved an ultrasound assessment of the fetoplacental complex of 85 pregnant women in the second and third trimesters, who were divided into clinical groups depending on the type of herpes infection (HI): Group 1 (30 pregnant) with type 5 HI, Group 2 (30 pregnant) with type 1/2 HI, Group 3 (25 pregnant) with type 6 HI.

Results: An ultrasound examination of pregnant women of the main group showed the following changes in internal and provisional organs: ventriculomegaly - 1 - 7 (23.3 ± 7.7%), 2 - 8 (26.7 ± 8.1%), 3 - 10 (40.0 ± 9.8%), cysts of vascular plexuses of the brain - 1 - 5 (16.7 ± 6.8%), 2 - 8 (26.7 ± 8.1%), 3 -8 (32.0 ± 9.3%), echogenic fibrotic inclusions on the papillary muscles and valve flaps - 1 - 9 (30.0 ± 8.4%), 2 - 6 (20.0 ± 7.3%), 3 - 9 (36.0 ± 9.6%), perivascular infiltration of the liver - 1 - 8 (26.7 ± 8.1%), 2 - 5 (16.7 ± 6.8%), 3 - 10 (40.0 ± 9.8%), increased echogenicity of calicopelvic complex and kidney parenchyma - 1 - 16 (53.3 ± 9.1%), 2 - 13 (43.3 ± 9.1%), 3 - 18 (72.0 ± 9.0%), changes in the placenta thickness - 1 - 17 (56.7 ± 9.1%), 2 - 12 (40.0 ± 8.9%), 3 - 19 (76.0 ± 8.5%), placental calcifications - 1 - 16 (53.3 ± 9.1%), 2 - 10 (33.3 ± 8.6%), 3 - 18 (72.0 ± 9.0%), change in the amount of amniotic fluid - 1 - 18 (60.3 ± 8.9%), 2 - 16 (53.3 ± 9.1%), 3 - 21 (84.0 ± 7.3%). Moreover, 27 (31.8 ± 5.1%) pregnant of the main group were found to have fetal growth restriction (FGR): 1 - 9 (30.0 ± 8.4%), 2 - 5 (16.7 ± 6.8%), 3 - 13 (52.0 ± 10.0%).

Conclusions: Type 6 herpes virus has a significant impact on the state of the fetus, which is manifested in changes in the fetoplacental complex and the development of fetal growth restriction in comparison with other types of this infection.

VP12.09
Recurrent non-immune hydrops: a case report

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Incidence of fetal hydrops fetalis is 1 in 1,000 livebirths and recurrent non-immune hydrops fetalis is very rare occurrence. We reported case of recurrent non-immune hydrops in a couple with second degree consanguinity.

A 26-year-old woman in her third pregnancy with previous second trimester miscarriage and early neonatal death, presented to us at 20 weeks of gestation for an obstetric ultrasound scan. Her fetal anomaly scan revealed generalised edema with pleural effusion and ascites and there were no other detectable abnormalities of the fetus, placenta and cord. Fetal echocardiography pulsed and colour Doppler studies were normal. Following further investigations found that both parents had normal corpuscular volume and their blood groups were positive and no undetectable antibodies. Her first pregnancy terminated as second trimester miscarriage and according to the past documents, there were gross fetal edema. In her second pregnancy, second trimester ultra sound scan revealed generalised fetal edema with bilateral pleural effusion. Viral serology markers for Toxoplasma, Rubella and Cytomegalo virus were negative for acute infections in her second pregnancy. Postmortem examinations were not performed for fetuses of past two pregnancies as parents were not consented.

Following extensive investigations it has been postulated that recurrent non-immune hydrops relative to the autosomal recurrence genes. Rare causes for hydrops should be excluded in recurrent non-immune hydrops fetalis if there were no particular aetiology following routine investigations.

VP12.10
Fetal malformation diagnosed in the third trimester

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Objectives: The aim of this study was to describe the anomalies diagnosed during the third trimester following a normal anatomy scan at 19–24 weeks of gestation.

Methods: Retrospective study of 11.305 singleton pregnancies attending for a routine ultrasound examination in third trimester, between January 2014 and December 2018. All pregnancies had a previous normal scan at 19-24 weeks. Inclusion criteria for the study were women with singleton pregnancies who attended at 28-36 weeks and had live birth or stillbirth. Missing data, delivery in other hospital and known chromosomal abnormality were excluded.

Results: During the study period, 72 (30%) patients were diagnosed with a fetal malformation for the first time in the third trimester ultrasound examination. The most common abnormalities that were diagnosed included ventriculomegaly, hydronephrosis, ventricular septal defect and ovarian cyst. We had 11 (4.5%) fetal abnormalities detected for the first time postnatally. The most common abnormalities were polydactyly and coarctation of the aorta. In the study population the incidence of fetal abnormalities was 2,1% (240/11.305). The incidence of abnormalities first seen in the third trimester scan was 0.63% and postnatally was 0.1%.

Conclusions: The ultrasound examination performed in the third trimester is important for the diagnosis of those malformations or abnormalities in the fetal growth that develop or appear for the first time in the third trimester of pregnancy. Their prenatal diagnosis can improve their antenatal and postnatal management. For this reason, routine third trimester ultrasound examination is performed in our centre.

VP13: SKELETAL AND SPINE ANOMALIES

VP13.01
Antenatal sonographic assessment of sacrococcygeal teratoma with MRI correlation: a case series

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Sacrococcygeal teratoma is the most common congenital neonatal tumour, occurring in approximately 1/35,000 to 1/40,000 livebirths. Sacrococcygeal teratoma (SCT) can be detected by ultrasound in early fetal life. Prenatal ultrasonography enables examination of tumours but often fetal magnetic resonance imaging (MRI) is also