had early neonatal death, 19% had stillbirths and 4% had neonatal death. The perinatal mortality rate was 32.6% among fetuses with major congenital anomalies.

Conclusions: The prevalence of major congenital anomalies in our papulation is double the international figures. This study emphasises the need for a national surveillance system and database for congenital anomalies and efforts should be focused on raising awareness of the occurrence and risk factors of congenital anomalies in Oman and the region of the Middle East.

VP02.08
The impact of circulating immune complexes on the state of vascular endothelium of the fetus

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Objectives: To determine the ultrasound signs of the influence of circulating immune complexes (CICs) on the state of the endothelium of the vessels of the fetus in perinatal infection (PIn).

Methods: The concentration of CICs in the blood serum was determined and ultrasound assessment of the fetoplacental complex was performed in 90 pregnant women (main group) after 22 weeks of gestation with PIn of different origin (1 group - viral, 2 - bacterial, 3 - combined etiology) and in 30 pregnant women with physiological course of pregnancy (control group 4).

Results: The concentration of CICs in the serum of patients with PIn of different origin at a statistically significant level ($p < 0.5$, Kraskel-Wallis test, Mann-Whitney test) exceeded the control group. In clinical group 1 the concentration of CIC was 89.8 (54.5-134.4) extinction unit (Ex.U.), in 2 – 93.9 (55.9-137.5) Ex.U., in 3 – 99.1 (59.1-111.5) Ex.U., in 4 – 65.0 (44.0-67.0) Ex.U. (the data are presented in the form of medians and interquartile ranges). Increased echogenicity of the endothelium of internal and temporary organs was equally observed in pregnant women of the main group and was absent in the control group, so it can be considered one of the main ultrasound signs of intrauterine infection of the fetus. CICs formed by the interaction of immunoglobulins of different classes with antigenic epitopes, can be sorbed on vascular endothelial cells, which promotes the activation of proteins of the complement system. Such regions are affected by areas of inflammation resulting in the development of abnormal response of the immune system, whereas the presence of chronic inflammation causes changes in the structure of connective tissue and the development of fibrosis, which is manifested by increased echogenicity on ultrasound.

Conclusions: CICs can affect the state of the endothelium of the internal organs of the fetus in PIn which by ultrasound findings is manifested by increased echogenicity.

VP02.09
Abstract withdrawn

VP02.10
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VP02.11
Cardiac rhabdomyoma with tuberous sclerosis: a case report

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Fetal cardiac rhabdomyoma is very rare; despite the fact that it is the most common prenatally diagnosed cardiac tumour. The imaging technology can find in antenatal period and because most of cases are associated with tuberous sclerosis complex, detecting mutations in the hamartin (TSC1) and tuberin (TSC2) genes could be the way to find causative. A 30-year-old nulligravida women at 38+0 weeks of gestation was referred to St Mary's Hospital, Seoul, for abnormal cardiac ultrasonographic findings. The patient had no genetic diseases and the patient's antenatal examination was normal. Antenatal ultrasonography revealed three echogenic masses in the fetal heart, one each in right atrium, right ventricle and left ventricle, measuring 10, 11, 8mm in diameter. Echocardiography demonstrated multiple cardiac mass although the fetal cardiac function was revealed to be within the normal range. The patient was hospitalised with the onset of spontaneous labour pain in the 39th week of gestation and Caesarean section delivery has done due to non-reassuring fetal status and a female infant weighing 3590g was delivered with Apgar scores of six and nine at one and five minutes after delivery. After birth, postnatal echocardiography confirmed the presence of cardiac rhabdomyoma. There was no evidence of outflow tract obstruction. Additional diagnosis of tuberous sclerosis complex was confirmed by genetic analysis. Analysis of the TSC1 and TSC2 genes were performed and a TSC1 gene *de novo* frame shift mutation was identified. Magnetic resonance imaging (MRI) for brain demonstrated multiple calcified subependymal nodules and other neurologic evaluation such as electrocardiogram and visual evoked potential was normal. During prenatal life she is clinically silent and undergoing periodic observation.

VP02.12
Pregnancy termination for fetal abnormality: a one-year study

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Objectives: The purpose of this study is to evaluate the major indications for pregnancy termination (PT) in a tertiary referral centre, the obstetrics characteristics and PT procedures.

Methods: A descriptive retrospective study including all cases of PT due to some type of fetal abnormality between January 2019 and December 2019 was conducted. Parameters registered were: maternal age, parity, gestational age, poor obstetric history, familiar history, categorical and specific diagnoses of fetal abnormalities, final committee decision and need for a surgical approach.

Results: In 2019, a total of 52 fetal abnormality cases were discussed by the hospital committee. The majority (94%) were spontaneous pregnancies. 30.8% had prior poor obstetric outcome. The mean maternal age was 34,06 years (17–44 years). The mean parity was 0.65. The mean gestational age at committee discussion was 19 weeks (9–34 weeks). The mean time interval between the couple request and the committee decision was 1.5 days (0–6 days) and between the committee decision and the pregnancy termination was 2.7 days. The majority of fetal abnormalities were diagnosed in the first trimester (50%). Genetic disorders were the most commonly observed fetal abnormality occurring in 21 (40.4%) cases, being the Trisomy 21 (47.6%) and 18 (28.6%) the most frequent. The other main fetal abnormality groups included central nervous system (CNS) abnormalities (n = 14, 26.9%) and cardiovascular system (CVS) abnormalities (n = 6, 11.5%). The success rate of medical PT with mifepristone and misoprostol was 76.9%, with 19.2% of cases requiring further intervention with suction dilation and curettage for retained tissue.

Conclusions: Pregnancy termination for fetal abnormality is currently one of the few clinical practices which management is based on a scientific, ethical, legal and case by case decision. In our centre, the genetic disorders are the most frequent indication