Conclusion Ventriculomegaly of >13 mm can indicate a change of prognostic outcome.

REFERENCES

1. Melchiorre. K, Bhide. A, Gika. A.D, Pilu. G & Papageorghiou A.T. Counselling in isolated mild fetal ventriculomegaly. *Ultrasound Obstet Gynaecol* 2009;34:212–224.
2. Sethna. F, Tennant. P.W.G, Rankin. J & Robson. S.C. Prevalence, Natural History and Clinical Outcome of Mild to Moderate Ventriculomegaly. *Obstetrics & Gynaecology* 2011;117:867–876.

PF.72 POSTERIOR URETHRAL VALVES: AN AUDIT OF CASES PRESENTING AT A FETAL MEDICINE DEPARTMENT SERVING SOUTH WALES

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Introduction Posterior Urethral Valves (PUVs) are the most prevalent congenital anomaly causing bilateral renal impairment due to obstruction. Our audit intends to help us to improve renal counselling for patients with fetuses with PUVs.

Methods Scan details of fetuses with suspected PUVs were located and divided into multiple visits by the same woman. The clinical portal and Protus maternity databases were used to find to outcomes for the pregnancies. Descriptive statistics and Chi Square tests were used to analyse the data.

Results 267 scans recorded on the Fetal Medicine Department database since 2001 aroused suspicion of PUVs. There were 76 individual cases. Most (56.6%) fetuses had enlarged bladders. 31 (40.8%) fetuses had hydronephrosis. 15 (19.7%) women had oligohydramnios; 11 (14.5%) anhydramnios. 43 (56.6%) women were offered renal counselling.

We acquired some outcomes for 56 pregnancies. Outcomes were located for 42 fetuses. 7 pregnancies were terminated. Most ($n = 31$, 55.4%) babies were born vaginally unassisted. Most ($n = 30$, 73.2%) fetuses had no known none-genitourinary malformations, 8 (19.5%) had additional genitourinary anomalies. 71% of surviving children required renal paediatric follow-up; 35.5% had chronic renal failure. Amniotic fluid reduction was correlated with decreased survival. Vesicoamniotic shunts did not affect survival.

Discussion and Conclusions More women require specific renal counselling where PUV is suspected. Our findings reinforce the fact that oligohydramnios is correlated with negative outcomes (probably due to pulmonary hypoplasia), allowing better counselling for these women.

PF.73 WITHDRAWN BY AUTHOR

PF.74 CONJOINED TWINS: A 10 YEAR EXPERIENCE IN A TERTIARY CENTRE

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The incidence of conjoined twins (CT) is reported to be in the range of 1–2 in 100000 pregnancies. Ireland has the highest rate of live birth CT in Europe.[1]

We discuss four naturally-conceived cases presenting to a tertiary-referral centre over 10 years, resulting in livebirths.

Case 1 (2005)

30 year old G2P1 presented with craniophagus CT at 27+1 weeks gestation, proceeding to emergency Classical Caesarean Section (CS) due to polyhydramnios and preterm labour. Live female infants were born at 28+1/40 gestation, but died at 90 minutes of age.

Case 2 (2006)

32 year old G2P1 presented with craniothoracopagus CT at 12+4 gestation, proceeding to emergency Classical CS due to preterm labour at 33 weeks. Liveborn female infants died at 30 minutes of age.

Case 3 (2009)

31 year old G3P2 presented with parapagus CT at 11/40 gestation, proceeding to elective classical CS at 35 weeks out of state. Live male infants were successfully separated at 4 months of age in GOSH, London.

Case 4 (2011)

33 year old G2P1 presented with thoracopagus CT at 13+4 gestation, proceeding to elective Classical CS at 34 weeks. Liveborn female infants died at 91 minutes of age.

In the management of CT, we recommend frequent antenatal review including serial ultrasound, MRI and echocardiography, and multidisciplinary assessment, with neonatology, paediatric surgery, cardiology and bereavement care involved.

Interestingly, all four case parents reside within 20 km of each other. The estimated incidence of CT in this population is 6.3 per 100000.

[1]European surveillance of congenital anomalies: www.eurocat-network.eu/prevdata

PF.75 A REVIEW OF TEN YEARS OF STILLBIRTH DATA FROM A DISTRICT GENERAL HOSPITAL

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111 stillbirths were recorded in the ten year period from 2003 to 2012. The rate of stillbirths for this District General Hospital was 3.5 per 1000. Equal amounts were considered low risk, receiving MLC, to high risk. 56% had had at least one previous delivery with the mode being a parity of one. The ranges for maternal age and BMI were wide, with the mean 30 and 27 respectively. Majority of stillbirths occurred less than 37 weeks (58%), nearly a third below 28 weeks. Twin pregnancies accounted for 6% of the stillbirths.

95% of stillbirths were in the antenatal period, 4 of the 5 intrapartum stillbirths occurred after 39 weeks. A third of the stillbirths were found to be growth restricted. Karyotype analysis was accepted in 97% of cases and was found to be abnormal in 6%. 60% of patients declined post mortem examination adding pressure for answers to be found from the remaining investigations. Thrombophilia results were abnormal in 10% of cases while TORCH screen picked up only 2 infections. Of the 93 placentas sent for histology 89% showed an abnormality. Commonly occurring placental abnormalities included: Maternal vascular under perfusion syndrome, chorioamnionitis, reteroplacental haemorrhage and distal villous immaturity or hypoplasia.

Conclusion Review of stillbirth data is essential to maintaining high standards in all maternity units. Investigations such as TORCH should be used selectively. Placental histology provides the most information for cause and planning in future pregnancies.

PF.76 PREGNANCY OUTCOME AND MANAGEMENT OF FETAL HYPERTROPHIC CARDIOMYOPATHY: A CASE REPORT AND LITERATURE REVIEW

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We report an interesting case of a diabetic pregnancy with fetal hypertrophic cardiomyopathy. The diagnosis was made following an emergency caesarean delivery at 37 weeks for fetal distress and was associated with severe metabolic acidosis and poor apgar scores. The baby was transferred to a tertiary unit at Liverpool Women's

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