

scan for detection of cardiac and other defects prenatally. Significant numbers of chromosomal and extra-cardiac defects in this study emphasise the importance of thorough evaluation of any fetus identified with a cardiac defect.

PF.27 THE IMPACT OF THE NHS FETAL ANOMALY SCREENING PROGRAMME 2010 ON REFERRALS TO FETAL MEDICINE FOR VENTRICULOMEGALY

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The NHS Fetal Anomaly Screening Programme (FASP) is a national screening guideline for the United Kingdom to detect fetal anomalies (1). In 2010 the national guidance was updated to include measurement of the ventricular atrium, among other alterations, to screen for ventriculomegaly. The guidance states if the atrium measurement was greater than 10 mm this should be reported and the patient referred for further assessment and managed as for a suspected fetal anomaly (2). This change was implemented at the University Hospital of North Staffordshire on 1st April 2011. For the purpose of this audit all cases of ventriculomegaly, including borderline measurements, detected on ultrasound scanning at UHNS within the given time periods were included. The time periods used were between March 2010 – March 2011, before the introduction of screening for ventriculomegaly (Pre-FASP), and between June 2011 – June 2012 which was after the introduction (Post-FASP). Since the change it became apparent there has been an increased demand on fetal medicine services. The audit demonstrates a fifty per cent increase in referrals to the fetal medicine team for ventriculomegaly. Issues identified from the audit included an increased number of ventriculomegaly diagnoses, a greater demand on fetal medicine services such as additional investigations and extra ultrasound scans as well as a difference in pregnancy outcomes.

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PF.28 SPONTANEOUS RESOLUTION OF PRENATALLY DETECTED DURAL SINUS THROMBOSIS: CASE SERIES

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Dural sinus thrombosis (DST) is a rare fetal cerebral abnormality. We present 6 cases of DST detected prenatally with ultrasound and magnetic resonance imaging (MRI). In 4 cases, the DST spontaneously resolved with good longterm neonatal outcome. Two patients chose to terminate their pregnancies.

The women presented with ultrasound findings of posterior fossa abnormalities or cysts between 20 and 27 weeks gestation. On MRI, the DST was seen as a lesion of low signal intensity with a centrally placed higher signal lesion consistent with a thrombus. The lesion was often continuous with the sagittal sinus and

transverse sinus with displacement of the cerebellum and occipital horns of the cerebral hemispheres. The remaining brain appeared normal. In all cases, MRI captured the spontaneous resolution.

There is a lack of information on longterm prognosis because of the small numbers of cases reported. In many cases, parents opt for termination of pregnancy because of the uncertainty about the longterm prognosis.

In conclusion, from our case series and review of the literature, it appears that spontaneous resolution of DST in the antenatal period may suggest a good long term neonatal prognosis. Where the thrombus remains extensive, prognosis should be guarded. MRI is useful for delineating resolution or regression of the thrombus. MRI can be an essential adjunct to ultrasound in the diagnosis and management of DST.

PF.29 SHOULD WE RECONSIDER THE ELECTIVE MODE OF DELIVERY IN GASTROSCHISIS?

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The recommended mode of delivery for the fetus with an abdominal wall defect is controversial, with no evidence to support caesarean delivery other than for routine obstetric indications. We sought to review mode of delivery in cases of prenatally diagnosed gastroschisis in our centre.

This was a retrospective cohort study of prenatally diagnosed fetal gastroschisis cases in the Rotunda Hospital over a fourteen year period. Cases were identified from the Fetal Assessment Unit database.

We identified 35 cases fetal gastroschisis cases during the study period. The average age of mothers was 22.5 years. The median gestation at delivery was 35 + 4 with an average birthweight of 1.97 kg.

An elective caesarean section was performed in 13.3% (n = 4) cases. Vaginal delivery was the intended mode of delivery for the remaining cases (n = 26) however 54% resulted in an emergency caesarean delivery with nonreassuring CTG cited as the most common indication (64%, 9/14). Of these, 50% (7/14) were performed outside of normal working hours.

Although the numbers in our cohort are relatively small, we found a significantly high rate of caesarean delivery in young women with pregnancies complicated by gastroschisis. The high proportion of cases with nonreassuring fetal testing during labour resulted in a higher than expected number of emergency deliveries which were performed outside normal working hours. Our findings suggest that re-evaluation of the optimal mode of delivery in this cohort may be warranted.

PF.30 THE USE OF MICROARRAY TECHNOLOGY IN PRENATAL TESTING, PATIENT AND PARTNERS REFLECTIONS

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In the prenatal setting, women are offered fetal karyotyping for reasons including an abnormality on ultrasound scan. Full, conventional karyotyping has been available since the 1960s but is being superseded by chromosomal microarray testing (CMA). Often the results obtained from CMA give women and their partners more information on which to make decisions and prepare. However in some cases the results can be complex and even uncertain. It is vital that we seek