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

REFERENCES

Abstracts

Conjoined Twins: A 10 Year Experience in a Tertiary Centre

CM McCarthy, K O’Donoghue. Department of Obstetrics and Gynaecology, Cork University Maternity Hospital, Cork, Ireland

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 craniopagus 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 craniotraumopagus 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 1344 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.

Pregnancy Outcome and Management of Fetal Hypertrophic Cardiomyopathy: A Case Report and Literature Review

S Robati, A Verma. Mersey Deanery, Crew/Mid Cheshire, UK

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
PF.75 A Review of Ten Years of Stillbirth Data from a District General Hospital

R McFarland, G Saleemi and J McCormack

Arch Dis Child Fetal Neonatal Ed 2013 98: A24
doi: 10.1136/archdischild-2013-303966.082

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