

**FCP67****PRENATAL DIAGNOSIS OF FETAL HEMIVERTEBRAE: A CASE REPORT**

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Hemivertebrae is a congenital anomaly of the spine in which one half of the vertebral body develops. It is the most common anomaly causing congenital scoliosis. The incidence of hemivertebrae is around 5-10:10 000 birth. It affected more frequently female. The causes and the mode of inheritance of hemivertebrae are unknown. Isolated fetal hemivertebrae carry a good prognosis but the presence of associated anomalies including musculoskeletal, cardiac, intestinal, renal and intracranial; reduces the survival.

We presented a case of thoracal hemivertebrae in a 23 years old primigravid woman at 21 weeks gestational age. In ultrasonographic examination was found thoracal kyphoscoliosis due to hemivertebrae formation between 10th and 11th thoracal vertebrae. There wasn't any other associated anomalies. Amniocentesis was made and fetal chromosomal analysis was normal karyotyp. Prenatal diagnosis of hemivertebrae was confirmed by postpartum radiologic detecting.

**FCP69****PREGNANCY COMPLICATED BY SIPPLE'S SYNDROME**

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Background: Sipple's Syndrome is a form of multiple endocrine neoplasia which has an autosomal dominant genetic condition and has two main symptoms, medullary thyroid and a tumor of the adrenal gland medulla.

Case: A 28- year-old primigravid woman with Sipple's Syndrome was seen at 33 weeks with preterm labor. After the tocolytic therapy labor was stopped. At 38 week' gestation spontaneous vaginal delivery resulted with a 3800gr. female infant with 1- and 5- minute Apgar scores of 9 and 9. Postpartum period was uneventful. Her mother, 3 sisters, one aunt, 3 cousins and her first child also have the same syndrome.

Conclusion: Genetic consultation must be done to the patients with this syndrome before pregnancy.

**FCP70****IS CESAREAN HYSTERECTOMY JUSTIFIED IN THE MANAGEMENT OF UTERINE PROLAPSE COMPLICATING PREGNANCY AT TERM? A CASE REPORT**

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Background: Uterine prolapse complicating pregnancy is very rare.

Case report: A 30-year-old woman, gravida 6, para 5, presented with subtotal uterine prolapse and uterine contractions on the 36th week of gestation. Sonography revealed a single fetus with vertex presentation with an estimated fetal body weight of 2400 g. Collum uteri was totally prolapsed and edematous. A cardiotocography revealed regular uterine contractions and a normal fetal heart rate pattern. As the labor was obstructed, a cesarean delivery was decided. The woman gave an informed consent, and a cesarean hysterectomy was performed. The postoperative period was uneventful.

Conclusion: Cesarean hysterectomy might be a therapeutic option for women undesiring fertility with uterine prolapse complicating pregnancy at term.