The most common complications of thoraco-amniotic shunting are either failure or the need for reintervention (ranging from 6 to 33% in various series), PROM (15% in the largest recent series), and direct fetal loss (5–10%).

Overall survival rate was 63%, ranging from 54% for single thoracocentesis to 80% in the 5 cases treated with pleurodesis. Survival rate was ranging from 61 to 67% for shuntplacement with or without prior thoracocentesis.

In conclusion, the fetus with a lung mass but without hydrops has an excellent chance for survival with maternal transport, planned delivery, neonatal evaluation and fetal surgery.

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KÖ-28 [08:30]

Methods of screening and prenatal diagnosis in twins

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Prenatal screening and testing for trisomy 21 in twin pregnancies poses a number of challenges: the exact estimate of the prior risk of trisomy 21, the choice of prenatal screening test and/or invasive techniques to employ for the diagnosis and the impact of the result on the options of treatment in case of discordant results within a twin pair.

The evaluation of the prior risk of trisomy 21 depends on the number of foetuses per pregnancy, on the gestational age and on the zigosity-chorionicity. A challenge in screening and diagnosis can include the underestimation of an ongoing twin pregnancy ("the appearing twin") or the misdiagnosis of an ongoing singleton pregnancy as one that started as a twin pregnancy or more ("the vanishing twin" phenomenon). These two circumstances could affect the outcome of screening test so they are important to detect. The assessment of chorionicity is equally important in order to prepare the following tests and diagnosis and is fundamental for determining zigosity. The evaluation of chorionicity could be performed invasively, by direct collection of foetal cells, and by non invasive methods that include ultrasound evaluation (fetal sex), and, as recent studies suggest, maternal plasma DNA sequencing.

In twin monozygotic pregnancies, the risk of both foetuses being affected is similar to the maternal-age risk, while the risk of only one foetus being affected is virtually null. Therefore, in monozygotic pregnancies, the risk could be calculated per pregnancy. In dizygotic pregnancies, the risk could be expressed per foetus and/or per pregnancy and special algorithms for calculation have been formulated. However, many issues regarding the estimate of the a priori risk of trisomy 21 in a twin or multiple pregnancy remain unresolved. Ultrasound and biochemical markers for screening in twin pregnancies are different from those in singleton ones. Literature published sofar suggests that monochorionic twins tend to have a higher percentage of increased nuchal translucency compared to dichorionic twins so the most effective screening method for trisomy 21 is using the average NT measure of the two foetuses, although others use also the average of the risk calculation in the two foetuses. The use of combined test, with biochemical markers, is not excluded in twins pregnancies although some screening test practice guidelines generally emphasise its low efficiency and that is not as accurate as desired to enable patients to make appropriate informed decisions about the pregnancy. Non invasive prenatal testing is possible applying the NIPT in twin pregnancy although problem issues may as well arise with twin dizygotic gestation. Invasive prenatal diagnosis in twins has certain peculiarities that are specific to this type of pregnancy and depending on corionicity.

KÖ-29 [08:45]

Ultrasound management of twin pregnancies

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The rate of multiple pregnancies is showing a significant increase all over the world. Twin gestations are considered as high-risk condition because they are responsible for the increase of perinatal morbidity and mortality.

The monitoring of twin pregnancies is mainly based on ultrasound. Usually, ultrasound monitoring is based on chorionicity. Thus, every attempt should be made to determine and report amnionicity and chorionicity when a twin pregnancy is identified. Dating should be done with first trimester ultrasound.

Beyond the first trimester, a combination of parameters rather than a single parameter should be used to confirm gestational age. However, to avoid missing a situation of early intrauterine growth restriction in one twin, in our unit we consider dating pregnancy using the larger fetus.

In twin pregnancies, aneuploidy screening using nuchal transluscency measurements should be offered. Detailed ultrasound examination to screen for fetal anomalies should be offered, preferably between 18 and 22 weeks' gestation, in all twin pregnancies. When ultrasound is used to screen for