IS-91  A case of perforated congenital colon atresia prenatally misdiagnosed as large lymphangioma

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Lymphangiomas are benign hamartomas of lymphatic system, consisting of multiple dilated vessels. At ultrasonography and MR imaging, lymphangiomas appear as sharply defined, unicocular or multilocular cystic masses, with thin- or thick-walled septa. We experienced a case of congenital colon atresia with perforation prenatally misdiagnosed as large lymphangioma by ultrasonography and MRI. A 25 year-old pregnant woman (parity 2–0–0–2) was referred to our hospital at 33 weeks 2 days of gestation for abnormal fetal ultrasonographic finding. Ultrasonography revealed increased fetal abdominal circumference (34.1 cm correspond to 38 weeks of gestation), huge and multiple septated cystic mass in abdomen, and polyhydramnios (AFI 31 cm). For further evaluation, MRI was performed. MR imaging revealed large, multilocular, high-signal cystic mass in abdominal cavity. The parents and medical team decided termination of pregnancy because of the poor prognosis on the base of the lesion's large size. The baby was operated a day after delivery. Operative finding was colon atresia with perforation and severe abdominal adhesion. Segmental resection and end-to-end anastomosis were done. The final pathologic diagnosis was colon atresia. The baby was discharged at 29 postoperative days in tolerable state.

IS-92  A case of Monochorionic diamniotic twins with different fetal gender

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A 25-year-old primigravida was referred to our clinic due to evaluate her pregnancy which was in 12 weeks' gestation of twin and was revealed edematous change in one fetus. Ultrasonographic findings were increased nuchal thickness (NT) to 0.91 cm with ascites and pleural effusion suspecting for fetal hydrops. There was single monochorionic diamniotic placenta. Aminocentesis results were 46XY normal karyotype and 45 XO Turner's syndrome. In ultrasonography after aminocentesis, we were found to have different sex in each fetus. In 20 + 3 weeks' gestation, multiple cysts were observed in the occipital head and the posterior cervical area of the fetus. And hydroptic changes including ascites, pleural effusion and skin edema were more progressed. And we also observed the increased bowel echo-texture in the fetal abdominal cavity and deviated the fetal cardiac axis to right side in thoracic cavity. After we have a time to discuss about these conditions of fetus to the parents, we decide to discontinue this pregnancy. Labor pain was induced by inserting misoprostol (RCytotec 200 μg/T) into the vagina, and 9 hours later, 400g dead male and 670g dead female babies were delivered. The male baby did not have any abnormality grossly, but the female one showed severe hydroptic changes and the chromosomal analysis was performed through cardiac puncture. In pathologic examination, it was confirmed the monochorionic diamniotic placenta. Recently, there have been reports that, due to genetic defects in the embryo itself or embryo manipulation by assisted reproductive technology, twins diagnosed as monochorionic placenta but different gender in prenatal ultrasonography. Recently, we experienced twin who had been prenatally diagnosed as monochorion but were different gender, and so here we report the case.

IS-93  Ehlers–Danlos type IV in pregnancy with a history of myocardial infarction

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Ehlers–Danlos syndrome (EDS) type IV is an autosomal dominantly inherited connective tissue disorder caused by abnormal type III collagen resulting from heterogenous mutations of the type III procollagen gene (COL3A1). The maternal mortality rate per pregnancy in EDS type IV was reported as 11.5% to 25%. A 30-year-old Japanese primiparous woman with a brother who had suffered a bowel rupture due to EDS type IV became pregnant. She also suffered from myocardial infarction due to coronary artery dissections at 24 years old, and underwent coronary arteries bypass grafting. Due to uncontrollable uterine contractions, beta 2-stimulants were administered during 18 to 29 weeks of gestation. Therefore, we performed a cesarean section at 29 weeks of gestation to prevent uterine rupture. We performed lower segment transverse section, and gently knotted theuterine muscles using single-layer interrupted sutures while taking care ofnot fasten too tightly to avoid laceration of the myometrium. We believed that this maneuver may be of use in prohibiting life-threatening bleeding during pregnancy. She and her baby were discharged without any complications. It was revealed that she had the same mutation as her brother, Gly220Trp, in the (Gly-X-Y) n repeat of the triple-helical domain of COL3A1.