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550 A case of congenital cystic adenomatoid malformation (CCAM) with fetal hydrops. M.Taguchi, K.Shimizu, Y.Ozaki, T.Kubota, N.Nishi, T.Aso, Dept. Obst. and Gynec., Tokyo Medical and Dental Univ. Sch. Med., Tokyo.

Clinico-pathological study on a case of CCAM of the lung was conducted. The case of 25 y.o. was diagnosed as polyhydroamnion and nonimmune fetal hydrops in 24 weeks of gestation by serological and ultrasonographic examinations. PROM occurred in 28 weeks and the spontaneously delivered baby of 1872 g died within one hour after intensive resuscitation. Autopsy revealed a large cystic formation $(9\times9\times5$ cm) which almost completely occupied the left thoracic cavity. The mass was identified as CCAM of the lower lobe of the left lung microscopically, and contained 80ml of yellow clear fluid. The anatomical abnormalities associated with CCAM made the extreme shift of mediastinum to the right side. It was indicated that fetal hydrops was induced by the cyst compressing cardio-vascular and respiratory systems and esophagus of the fetus. The decompression for the heart and esophagus in the thorax by continuous drainage of the content in the cyst seems to be the most effective intrauterine management for the CCAM of the lung.

551 A case report of a fetus with urethral obstruction at early gestation :The antenatal assessment of the fetal renal function was compared with the renal histological findings at autopsy. M.Oga, T.Anai, J.Yoshimatsu, T.Kishi, T.Hayata, I.Miyakawa, S.Mizoguchi*, Dept.Obst.and Gynec.Med.College of Oita, Oita, *Mizoguchi Women's Clinic, Oita.

For prediction of the subsequent outcome if the obstruction is relieved, it is important to accurately assess the severity of fetal renal dysplasia. We tried to predict the subsequent outcome of a fetus with urethral obstruction. Our antenatal prediction was confirmed by anatomical and histological findings at autopsy at 16 weeks' gestation.

(Case) A diagnosis of fetal urethral obstruction was made at 13 weeks' gestation. To predict the subsequent outcome if the obstruction was relieved, repeated ultrasonography was undertaken from 13 to 16 weeks' gestation and percutaneous puncture with aspiration of fetal urine and its laboratory analysis were undertaken at 15 weeks' gestation. Based on these antenatal findings, the subsequent outcome was predicted to be good. After an induced abortion at 15 weeks' gestation, autopsy revealed fetal urethral obstruction caused by posterior valves. Also, it was confirmed histologically that fetal renal dysplasia was not present. Our antenatal prediction of the subsequent outcome appeared to be correct, based on these findings at autopsy.

Prenatal diagnosis of allantoic cyst. <u>T. Sasayama</u>, <u>K. Hamasaki</u>, <u>T. Sakamoto</u>, <u>Y. Okamura</u>, Dept. Obst. and Gynec., Univ. of Occupational and Environmental Health Japan.

An umbilical cord 2.2m cyst was detected by ultrasonography at 15 weeks gestation. The cyst was communicate with fetal bladder, so that this cord cyst was diagnosed as allantoic cyst. The sonographic examination documented progressive enlargement of the cyst to 5×5m size. The cyst was unable to be visualized at 30 weeks gestation. A 3548g boy (Apgar score 8/9) was delivered by transvaginal delivery at 39 weeks gestation. At birth, a vesico-umbilical fistula was identified, comunicating with cord cyst. The cyst wall was thin and membranos. It was lined with a single layer of flattened epithelium and patialy trasitional epithelium. So far, all of the patients reported in the literature are male.