and 13. Careful monitoring and growth surveillance of fetuses with isolated single umbilical artery is recommended due to associated adverse pregnancy outcome.

P27.07
Hemangioma of the umbilical cord: contribution of 3D ultrasound and Doppler examination

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We report one case of umbilical cord hemangioma. A heterogenous mass of the umbilical cord was discovered at 22 weeks. We describe – anatomical aspect with 3D ultrasound at 22 and 24 weeks – Doppler examination at different levels of the umbilical cord and in the fetus – high output cardiac decompensation – macroscopic and microscopic aspects of the tumour following intra-uterine fetal death at 25 weeks'. A total of 25 cases of umbilical cord hemangioma have been reported. The specificity of our case includes complete serial 3D ultrasound and fetal hemodynamic assessment.

P27.08
Umbilical cord cyst: our experience and review of the literature

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Objective: To assess the sonographic findings and fetal outcome of umbilical cord masses prenatally detected.
Methods: A retrospective study of the umbilical cord cysts diagnosed in our ultrasound laboratory in the last four years. Prenatal findings, karyotype and perinatal outcome were obtained.
Results: Seven cases of umibilical cord cysts were identified. In all cases this was an isolated sonographic finding. A complex mass compatible with angiomixoma of the cord was detected in three cases: the first at 29 weeks' gestation with a diameter of 8 cm which remained unchanged during the pregnancy, the second at 12 weeks' gestation with a diameter of 1.5 cm which progressively grew up to 7 cm at 24 weeks, the third with a diameter of 4 cm at 28 weeks' gestation. In four cases fluid filled cysts were seen. Two of these disappeared *in utero*, one was found to be a cyst with a mucinous component, the last one was diagnosed after birth to be a pseudocyst due to Wharton's jelly edema. One case is ongoing. Four had a normal perinatal outcome, in one multiple anomalies and deletion 5p were found at birth, in the last one cutaneous multiple angiomatosis was found with postnatal diagnosis of Von Klippel-Trenaunay.
Conclusions: Umbilical cord masses are rare. The outcome is good in most cases, but associated fetal anomalies may be encountered.

P27.09
Persistent right umbilical vein: prenatal diagnosis and neonatal outcome

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Objective: To evaluate the incidence and neonatal outcomes of fetuses with antepartum sonographic diagnoses of isolated persistent right umbilical vein (PRUV).
Methods: Retrospective analysis of 20 663 consecutive low-risk pregnancies evaluated by second trimester ultrasound (19–22 weeks') between 1 January 1992 and 31 December 2005. The sonographic diagnosis of PRUV was made in a transverse section of the fetal abdomen whether the portal vein was curved toward the stomach and the fetal gall bladder was located medially to the umbilical vein. A detailed fetal sonographic and echocardiographic examination was always performed to exclude associated anomalies.
Results: PRUV was detected in 30 fetuses (incidence 0.15%), two of which had major associated defects: one congenital cardiac malformation and one unilateral renal agenesis. Twenty-eight fetuses had no additional sonographic abnormalities. Postnatally, one further infant was diagnosed as having a small muscular ventricular septal defect, therefore, 27 fetuses were normal and healthy at birth.
Conclusions: The sonographic finding of PRUV is an indication for conducting extensive detailed anatomic survey to ruled out major congenital malformations. In about 90% of the cases PRUV is an isolated finding with favorable outcome and must be considered as a normal fetal anatomical variant.

P27.10
Elevated maternal serum alpha-fetoprotein and placental mesenchymal dysplasia

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Placental mesenchymal dysplasia is a very uncommon disorder characterized by enlarged placenta with abnormal large and often cystic villi, with dilated and/or thick-walled vessels, and can mimic a partial hydatidiform mole. We present a patient with ultrasonographic findings associated with fetal growth restriction, elevated maternal serum alpha fetoprotein on prenatal testing and mesenchymal dysplasia on pathological evaluation of the placenta. Abnormal alpha fetoprotein levels should raise suspicion of this very uncommon pathology and should be an indication for close evaluation of the placenta as well as the fetus.

P27.11
Prenatal ultrasound diagnosis of persistent massive subchorionic hematoma in a patient with mechanical heart valves

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Pregnancy in women with mechanical prosthetic heart valves carries an increased risk of thromboembolic complications due to changes in hemostasis. A massive subchorionic hematoma as a complication of anticoagulation therapy is a rare condition but often associated with intrauterine growth restriction, fetal distress and perinatal death. We report an unusual case of a large subchorionic hematoma occuring in a 20-year-old asymptomatic primigravida who presented at 21 weeks for second trimester ultrasound scan in our tertiary centre. Her past medical history was significant for a prostethic mitral valve replacement at the age of 10 years. In addition she had chronic atrial fibrillation. She was shifted from oral anticoagulation to low molecular weight heparin (6.000 international units subcutaneously twice a day) at 7 weeks of gestation. The ultrasound examination showed no congenital anomalies and the fetal growth was appropiated. Additionally, two 12×8 cm hypoechogenic homogenous masses, consistent with a subchorionic hematoma was seen. The patient denied any recent abdominal trauma, vaginal bleeding or abdominal pain. The hematoma and fetus were evaluated every two weeks by transabdominal ultrasound. Fetal growth was adequate and maternal and fetal Doppler velocity waveforms showed normal values. A primary Cesarean delivery under general anesthesia