ultrasound follow-up. There was a significant difference in the involution rates of MCDK between MCDK with initial length of <10th percentile for gestational age versus MCDK with initial length of ≤10th percentile for gestational age. The mean follow-up period was 33 months (range 1 to 104 months). All cases of the bilateral MCDK were diagnosed with oligohydroamnios or anhydramnios. The median gestational age at diagnosis was 21.weeks (range 17.4-23.2 weeks). Termination of pregnancy was performed in all cases.

Conclusions: Our results support conservative management of unilateral MCDK. Further studies are required. However, the initial size of MCDK is associated with involution.

OP32.09

Prenatal diagnosis of ductus venosus agenesis: anatomic variants, associated anomalies and impact on the postnatal course

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Objectives: To assess the impact of ductus venosus agenesis (DVA) on the outcome of a large cohort of prenatally diagnosed cases.

Methods: Retrospective analysis of all cases of ductus venosus agenesis diagnosed in two tertiary referral centers over a period of ten years. In both centers pulsed Doppler evaluation of the DV is integral part of all scans in the first and second trimester.

Results: 95 cases of DV-agenesis were diagnosed in the study period. Associated conditions were present in 84 cases (88.4%) and 11 (11.6%) occurred in isolation. The associated cases included 25 (29.8%) cardiac anomalies, 20 (23.8%) chromosomal anomalies, 16 (19.0%) malformation syndromes, 6 (7.1%) diaphragmatic hernias and 17 (20.2%) other conditions.

A liver bypass was present in 25 (26.3%) cases. Among these the UV connected to the inferior vena cava, the right atrium and the azygos vein in 11 (44.0%), 9 (36.0%) and 3 (12%) cases, respectively. In 71 (74.7%) cases there was no liver bypass and the umbilical vein connected to the portal sinus.

Termination of pregnancy was performed in 25 (26.3%) of cases, 3 (3.2%) died intrauterine, 8 (8.4%) died in the neonatal period and 58 (61.1%) were alive at the latest follow up.

With few exceptions, the outcome of the cohort was determined by the associated conditions rather than the ADV. Among the 11 isolated cases only one neonate with liver bypass had a persistent portosystemic shunt that needed intervention, while the 10 remaining cases had an uneventful course. Among the 84 cases with associated conditions only one infant with large ventricular septal defect and liver bypass had a complete agenesis of the portal system and died prior to the scheduled transplantation. The remaining 83 cases had no complications attributable to the ADV.

Conclusions: The outcome of ADV is mainly determined by the associated conditions. Only in a small subset of cases with ADV and liver bypass the postnatal course will be altered by the presence of portal agenesis and persistent porto-systemic connections.

OP32.10

Infection's screening and polyhydramnios: our experience on 342 cases

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Objectives: Infectious disease serum screening is routinely performed in pregnancies diagnosed with polyhydramnios, however, its real necessity recently has been questioned. The aim of this study was to evaluate the utility of fetal infections screening in women with polyhydramnios.

Methods: We retrospectively reviewed 342 cases of polyhydramnios. In all cases TORCH screening with parvovirus was performed. Maternal characteristics, medical and obstetric history and ultrasound parameters, including amniotic fluid index and fetal anomalies, were reviewed/recorded.

Results: Among the 342 cases with a diagnosis of polyhydramnios, 52 cases (15.2%) were excluded because they did not meet the inclusion criteria (table 1). Of the 290 remaning cases, 38 (13.1%) had diabetes, 14 (4.7%) had obstructive gastrointestinal malformations, 1 (0.3%) had Rhesus immunization and 3 (1%) had chromosomal abnormalities or genetic syndromes. In the remaning 234 patients with apparently unexplained polyhydramnios 2 resulted positive for parvovirus B19 and 1 for toxoplasmosis maternal infection. In both cases the fetus was not affected, as confirmed by testing after birth.

OP32.10: Table 1. Summary of cases excluded from the study

	N
Non performed infection's screening	35
Absent pregnancy follow-up	15
Ongoing pregnancies	2
Total	52

Conclusions: The majority of patients with isolated polyhydramnios resulted negative to TORCH and parvovirus screening. In the only three cases in which the mother was positive, the neonates resulted negative. Infectious disease screening seems not to be beneficial in women in whom polyhydramnios is an isolated ultrasound finding.

OP32.11

Prognostic factors in pregnancies complicated with fetal gastroschisis

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Objectives: The aim of this study was to analyze the perinatal mortality rate in cases of fetal gastroschisis and possible associated factors.

Methods: A retrospective cohort study was conducted at Department of Fetal-Maternal Medicine and Gynecology in Lodz between 1996 and 2013. Gastroschisis was diagnosed in 92 fetuses. The variables relating to ultrasound observation of bowels, the course of pregnancy and delivery were compared between surviving and deaths cases using descriptive statistics and univariate and multivariate logistic regression models.

Results: The study group was comprised of 44 females and 48 males. The neonatal survival rate was 83.6% (77/92). Two fetuses died in utero and 13 during the first 28 days of life. The mean ± SD gestational age at delivery was 34.9 ± 2.88 weeks and the mean ± SD birthweight was 2192 ± 546 g. Fourteen fetuses (15.7%) were diagnosed with additional congenital anomalies. Neonatal mortality was associated with maternal age ($p = 0.03$), however no differences were found comparing the groups of the mothers younger and older than 20 years. Mortality was significantly higher in newborns born naturally ($p = 0.003$), with Apgar score lower than 7 ($p = 0.0006$) and diagnosed with additional congenital defects ($p = 0.009$). There was no statistically significant difference between surviving and deaths cases with respect to the sex of the