6, and emphasize the importance of detailed sonography screen when chromosomal aberration is noted.

P11.05
Lissencephaly diagnosed by ultrasound and magnetic resonance imaging

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Lissencephaly is a rare disorder that is characterized by the disorganized and unlayered cortex. The cause of this disorder is related to chromosomal abnormalities and infection. The pathogenesis of lissencephaly is faulty migration of neuroblast. Lissencephaly is associated with Dandy-Walker syndrome and Miller-Dieker syndrome. A woman at 35 weeks of gestation was transferred to our hospital due to structural abnormality of fetal brain. Fetal brain showed ventricular dilation and decreased sulci in cerebral cortex on prenatal ultrasound examination and we diagnosed this case as lissencephaly. The baby was spontaneously delivered at 37 weeks 3 days of gestation and lissencephaly was confirmed by postnatal magnetic resonance imaging.

P11.06
Prenatal diagnosis of thrombosis of the dural sinuses

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Thrombosis of dural sinuses during fetal life is a rare finding. We report a case in which thrombosis of the dural sinuses was suspected on a routine ultrasound (US) scan performed at 22 weeks: in the occipital region a triangular sonolucent area with well defined borders was identified. This area corresponded to a dilatation of the posterior segment of the superior sagittal sinus, with interruption of the venous flow at that level within which a round echogenic mass without any vascular flow filling the posterior two thirds was identified. One week later, images compatible with the US diagnosis were obtained through magnetic resonance imaging (MRI) and confirmed the presence of a thrombus at the level of the torcula Herophilii. Monthly US scans were performed and no modifications of the thrombus dimensions were seen. A cesarean section was performed at term. Four days after delivery MRI confirmed the presence of a blood clot in the proximal right lateral dural sinus and torcula Herophilii. At 18 months the infant's neurodevelopmental assessment was normal. The good perinatal outcome of the case reported should be underlined on the set of information given to the parents in order to allow them to make a fully informed decision concerning termination versus letting the pregnancy to proceed.

P11.07
Vein of Galen aneurysm – a case report

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Herein we present the case of a 30 year old woman gravida 1, para 1, admitted at 29 weeks of gestation for US examination.
At ultrasound scan we found that all biophysical parameters were in normal range for this gestational age. Morphologic appearance was normal excepting fetal cardiomegaly and a great aneurysm of the vein of Galen associated with hydrocephalus.
Is an extremely rare abnormality, only around 400 cases being described.
Sonographic findings are: Vein of Galen aneurysm – We found a tubular mass in the midline of the brain, superior and posterior of thalamus, that demonstrated a turbulent blood flow at Doppler Color examination with an arterial flow pattern at Spectral Doppler.
Hydrocephalus – Left cerebral ventricle is extremely dilated with an irregular and thin cerebral matter pushed towards the skull.
Cardiomegaly – both ventricles are dilated and hypertrophiated.
Dilated carotid arteries.
This case report emphasize that some conditions that develop around the end of second trimester and beginning of third trimester of pregnancy are difficult to be much earlier diagnosed and necessitate a thoroughly Color and spectral Dopller examination.

P11.08
Prenatal diagnosis of a vein of Galen aneurysmal malformation

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Vein of Galen aneurysmal malformations are rarely seen intracranial malformations. They represent less than 1% of the cerebral arteriovenous malformations. Fetal manifestations have included nonimmune hydrops, hydrocephalus, and intracranial hemorrhage. Prenatal diagnosis of this rare arterio-venous fistula is suspected when intracerebral hypoechoic cyst is found in which blood flow can be demonstrated by Doppler ultrasound. This is one of the few conditions where Doppler ultrasound is critical for the diagnosis. We report a case of an aneurysm of the vein of Galen detected by color Doppler ultrasound at 24 weeks' gestation. Magnetic resonance imaging was performed after ultrasound and revealed significant cardiomegaly. Pregnancy was terminated because the presence of cardiomegaly suggested that high-output cardiac failure was already present, and, therefore, these cardiovascular features predicted a poor fetal outcome. The fetopathologic exam confirmed the diagnosis.

P11.09
Antenatal diagnosis of limb-body wall complex with ultrasound and magnetic resonance imaging – case report

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Limb-body wall complex (LBWC) is a fetal malformation with the essential features of neural tube defects, body wall disruption and limb abnormalities. The diagnosis is made by the presence of at least two of the above features.
In the present case of LBWC, the body defects were large, involving both the thorax and abdomen. The eviscerated organs form a complex, bizarre-appearing mass entangled with membranes. Fetal membranes are continuous with the body-wall defect and the placenta. Severe scoliosis was present. Distorted fetal position and the severity of the defects made recognition of normal fetal parts difficult. These defects were diagnosed antenatally with ultrasonography and MRI at 23 weeks' gestation.
We conclude that it is important to diagnose the lesion prenatally and to differentiate them from other anterior abdominal wall defects. Ultrasonographic examination and MRI is the key to prenatal diagnosis.