Two cases of body stalk anomaly in multiple pregnancy detected in first trimester
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Objective
Early detection of midline defects in first trimester is possible due to better resolution and use of 3D ultrasound scan. Body stalk anomaly is a disfiguring and generally lethal malformation of the thorax and/or abdomen, often associated with limb defects. The intrathoracic and abdominal organs lie outside the abdominal cavity and are contained within a sac comprised of amnioperitoneal membrane attached directly to the placenta. It is a rare malformation syndrome with a reported incidence of between 1 per 14,000 to 1 per 31,000 pregnancies. Due to the extrusion of the intraabdominal contents, the spine and thoracic cavity do not develop symmetrically, which results in severe scoliosis and abnormalities of the axial skeleton. Malrotation of the spine and incomplete closure of the pelvis can lead to malrotated limbs and/or club feet.

Methods
Two cases: First G 4 Para 0+4 with all spontaneous miscarriages. consanguineous marriage. Current pregnancy is spontaneous with MCDA twins. Approximately 12 +2 weeks by dates. One vanishing twin syndrome at 8 weeks. Other fetus has multiple congenital anomaly with acrania, large exomphalous and very short cord with possible body stalk anomaly. Bad prognosis was discussed with the patient and have been informed that fetus is incompatible to life. Patient requested TOP IVF and PGD was discussed however no chromosomal problem in the partner or herself or recent POC Possible sporadic condition and minimal recurrence was discussed however in view of 4 miscarriages genetic cause could not be excluded. Second case was multigravida 10 weeks pregnant was married to distant relative. Body stalk anomaly was diagnosed and pregnancy was terminated at 11 weeks.

Results
Pregnancy was terminated at parental request. Karyotype of parents and previous product of conception were normal. Early diagnosis is feasible in the first trimester if ectopia cordis and omphalocele exist like in our case. Prognosis is poor therefore early diagnosis gives us a chance to reduce maternal morbidity and mortality related to termination. Differential diagnosis of OEIS complex and pentalogy of Cantrell was made. She was sent for genetic counselling and investigation.

Conclusion
It is a rare fetal polymalformation of uncertain etiology, but it has been regarded as sporadic in nature with a low recurrence risk however some women may have an underlying genetic predisposition. Differential diagnosis between Pentalogy of Cantrell, OEIS was made. Pentalogy of Cantrell is a heterogeneous and rare thoraco-abdominal wall closure defect with omphalocele, deficiency of the anterior diaphragm and diaphragmatic peritoneum, defect of the lower sternum and several intracardiac defects and incidence of 1/65,000 to 1/200,000.