Results: A total of 2595 amniocentesis were performed in our hospital, and in 1837 (70.8%) the sole indication for a prenatal invasive test was advanced maternal age. The mean maternal age in the analyzed group was 37.3 years. There were 15 twin pregnancies. In 5 cases, there were no cellular growth and the amniocentesis wasn't repeated. So, a total of 1847 cytogenetic results were analyzed. A normal karyotype was indentified in 1790 (96.9%) and in 57 (3.1%) the cytogenetic result was abnormal. Down syndrome was the most common anomaly, identified in 33 cases (57.9%), one of them being a mosaic trisomy. There were 2 cases of trisomy 18 (3.5%), 1 of trisomy 13 (1.8%). Turner syndrome was identified in 2 cases (3.5%) and Klinefelter syndrome in 6 cases (10.5%). In 8 of the abnormal cytogenetic results, there were structural abnormalities. Regarding pregnancy outcomes, there were 21 cases (1.1%) of abortion related to amniocentesis (within 15 days after the invasive test), none of them having karyotype anomalies. Medical interruption of pregnancy was performed in 45 cases (2.4%), 42 of these because of karyotype anomalies.
Conclusions: Amniocentesis performed only because of advanced maternal age allowed to identify 57 cases of abnormalities and to offer the couple the informed decision about the future of the pregnancy. However there are other congenital abnormalities that are impossible to diagnose by amniocentesis. The risk of pregnancy loss after amniocentesis is in agreement with other studies.

W026
MATERNAL OUTCOME OF PRENATALLY DIAGNOSED LETHAL FETAL ANOMALIES: A YEAR REVIEW

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Objectives: To determine maternal morbidities in relation to prenatal diagnosis of lethal fetal anomalies and termination of pregnancy (TOP).
Materials: Twenty five patients with prenatal diagnosis of lethal fetal anomalies in Hospital Tengku Ampuan Afzan, Kuantan, Malaysia.
Methods: This was a retrospective review in Hospital Tengku Ampuan Afzan, Kuantan, Malaysia in the year of 2011. All patients diagnosed prenatally to carry lethal fetal anomalies was reviewed. Data regarding maternal morbidities and outcome was collected from patients' case note in the hospital record office. Analysis was done by using SPSS version 17.0.
Results: Twenty five pregnant patients were diagnosed with lethal fetal anomalies via ultrasound with or without genetic study. The patients' mean age was 29.9±6.3 years old. The mean gestational age at diagnosis of lethal fetal anomalies and at TOP or delivery were 26.5±7.4 and 28.7±7.8 weeks respectively. The lethal fetal anomalies included fetuses with multiple structural abnormalities (40%), anencephaly or severe encephalocele (32%), non-immune hydrops fetalis (16%) and syndromic fetuses (12%) i.e. Pentalogy of Cantrell and Edward's syndrome. Seven (28%) patients had early counseling and TOP at the gestation of <22 weeks. Beyond 22 weeks gestation, 8 (32%) patients had TOP and 10 (40%) patients had spontaneous delivery. Twenty (80%) patients delivered or aborted vaginally, 3 (12%) patients with assisted breech delivery, and 2 (8%) patients with abdominal delivery.
The abdominal deliveries were for transverse lie in labour and emergency hysterotomy for failed induction complicated by hysterectomy due to intraoperative finding of ruptured uterus. Overall, the associated adverse events included abnormal lie during delivery (16%), symptomatic polyhydramnios requiring amnioreduction (16%), post-partum haemorrhage (12%), retained placenta (12%), blood transfusion (8%), uterine rupture (4%) and endometritis (4%). Mean duration of hospital stay was 6.6±3.7 days.
Conclusions: Prenatal diagnosis and TOP at an early gestation may reduce maternal morbidities and improve the outcome.

W027
CLINICAL USEFULNESS OF FOETAL MAGNETOCARDIOGRAPHY

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Objectives: To assess the usefulness and reliability of foetal magnetocardiography as a prenatal diagnostic or screening tool.
Materials: The study involved a review of the medical records of cases where the women had delivered at Tsukuba University Hospital during April 2008-March 2011 and which fulfilled any of the following criteria: foetal arrhythmia, foetal congenital heart defect, foetal growth restriction, maternal anti-SSA antibody, diabetes mellitus, gestational diabetes mellitus, and monochorionic twin pregnancy.
Methods: All the women had undergone foetal magnetocardiography, foetal ultrasonography, and cardiotocography. Twelve-lead electrocardiograms were obtained for all the neonates with arrhythmia, congenital heart defects, or maternal anti-SSA antibody.
Results: The study included 168 women. Foetal arrhythmia was observed in 15 cases; foetal congenital heart defect without arrhythmia, 28 cases; other congenital anomalies, 44 cases; foetal growth restriction, 15 cases; anti-SSA antibody, 14 cases; diabetes mellitus, 23 cases; gestational diabetes mellitus, 23 cases; and monochorionic twin pregnancy, 6 cases. Foetal magnetocardiography was safely performed on all the foetuses, and the results were analysed in detail. None of the mothers or foetuses developed any adverse effects. From the foetal arrhythmia cases, supraventricular tachycardia was observed in 1 case, supraventricular premature contraction in 10, and ventricular premature contraction in 4. Prenatal administration of digoxin and sotarol was successfully used in a case where short RP' supraventricular tachycardia (PR = 158 msec, RP' = 123 msec) was observed. The PR interval in cases where maternal anti-SSA antibody was present ranged from 86 to 146 ms with an average value of 107.1 ms (±14.4 ms). Complete AV block was not observed in any patient. The prenatal diagnoses of arrhythmia, congenital heart defect, and maternal anti-SSA antibody were consistent with the neonatal diagnoses.
Conclusions: Foetal magnetocardiography is useful and reliable as a diagnostic or screening tool for foetal arrhythmia and other congenital diseases.

W028
NUCHAL TRANSLUCENCY ALTERATION IN FETUS WITH THE CHROMOSOMAL ABNORMALITY 48,XXYY

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Objectives: To evaluate a possible association between fetal nuchal translucency (NT) and the chromosomal abnormality 48,XXYY.
Materials: A 31-years old woman, primigravida, underwent to fetal nuchal translucency evaluation through USG (ultrasonography) at 13w + 4d.
Methods: The ultrasonograohy showed a pathological value of nuchal translucency (3.6 mm; r.r < 2.6 mm). A chorionic villus sampling was performed in order to determine the fetal karyotype.
Results: The cytogenetic exam showed the presence of the chromosomal abnormality 48,XXYY. Despite of the fethal karyotype, the patient decided to continue the pregnancy. A genetic counseling