**EP 17.33. Prenatal Diagnosis of hemivertebra. Two cases report**

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**Introduction**

Hemivertebra is a rare congenital spinal malformation of unknown cause. The incidence has been estimated to 5-10 per 10000 births.

The sonographic findings include disruption in the spinal shape resulting in scoliosis, and hemivertebra appears as a triangular bony structure smaller than a regular vertebra, acting like a wedge among adjacent normal vertebral bodies.

The incidence of chromosomal abnormalities is not increased, but other skeletal or congenital anomalies may be associated, as well as a part of complex syndromes, like VACTERL.

**Case 1**

A 22 year old woman (gravida 1, para 0) with unremarkable medical history.

During routine first trimester sonography at 12 weeks, a distortion at the lumbar region of the spine (L2) and a typical small triangular bony structure which suggesting an isolated hemivertebra, were detected. The Karyothype showed 46XX 22ps.

The neonate of 4055g with normal Apgar scores, was born by cesarean delivery at 41+3 weeks.

**Case 2**

A 26 year old woman (gravida 3, para 2) with unremarkable medical history.

At routine fetal morphological sonography showed a distortion at the lumbar region of the spine (L2-L3) and a typical small triangular bony structure, which suggested an isolated hemivertebra were present (Image 2). With overlying skin seemingly intact and no ancillary intra or extracranial findings, the Karyothype was normal.

The neonate was born by spontaneous delivery at 37+5 weeks, healthy boy of 3250 g with normal Apgar scores.

Both neonates had normal physical and neurological examinations and there was no progression of scoliosis at follow-up.

**Conclusion**

Isolated hemivertebra usually associates good prognosis and the management is conservative.

Early diagnosis is cornerstone for clinical assessment that allows early postnatal treatment, consisting in adequate alignment of the spine, anticipation of scoliosis and prevention of severe deformities.