(mean age of onset = 5.21 days). Imaging identified stroke in 6 cases, subrenal aorta thrombosis in one case. We identified one case of protein S deficiency, 4 cases of isolated factor V leiden mutation, one case of isolated hyperhomocysteinemia and one case of combined factor V Leiden and hyperhomocysteinemia. The latter one was presented with multiple cerebral and abdominal thrombosis. Family screening was performed in 3 cases. Treatment was based on Fresh frozen plasma transfusion in newborn who had severe protein C deficiency. None of our patients was treated with thrombolysis. During follow-up, there was no recurrence of thrombotic events. Three patients had neurological deficit. Two newborns died of disseminated intravascular coagulation.

Conclusions Thrombotic disorders at an early age should lead to performing thrombophilia testing. Family screening is essential to detect asymptomatic deficiency. Clinical features and treatment depend on thrombosis localization and extension.

Background Abdominal masses in neonates reflect a wide spectrum of diseases, from lesions that can cause significant morbidity and mortality, to conditions readily corrected surgically, to entities which may be safely observed.

Objective To evaluate epidemiology, clinical features, management and outcome of abdominal masses in the newborn.

Methods It’s a retrospective study of all cases of abdominal masses registered in the neonatology department of Sfax between 2004 and 2019.

Results Thirteen patients were included in the study. A female predominance was noted (sex ratio = 0.18). Antenatal diagnosis was made in 10 cases. Seven patients were born via cesarean section. The mean gestational age was 37.7 weeks. Mean birth weight was 3160 g. Three patients had fetal acute suffering and respiratory distress. The most frequent physical finding was palpable abdominal mass (n=9). Ultrasonography (n=13), abdominal scan (n=3) and MRI (n=4) were used for diagnosis. Tumors sizes ranged from 4.6 to 10 cm. We had identified renal cystic lymphangioma (n=1), Infantile myofibromatosis (n=1), ileal duplication (n=3), hydrocolpos (n=4) and ovarian cysts (n=4). Total resection was the treatment for ileal duplication, ovarian cysts and lymphangioma cysts cases. The newborn with infantile myofibromatosis received medical treatment (vincristine) after incomplete resection. The treatment of hydrocolpos was based on simple hystereotomy in two cases and laparotomy in the other two complicated cases. Mean follow-up time was 24 months. Only one patient who had giant hydrocolpos died of refractory shock and acute kidney failure 3 days after surgery.

Conclusions Most neonatal abdominal masses are due to benign lesions. Some of them may provide diagnostic difficulties. Most of masses require surgical treatment, which can be safely performed in small infants by trained personnel. However, genuine controversy exists in the management of some lesions including infantile myofibromatosis.