serious complications in the surviving one, with chronic renal failure being extremely rare, but possible.

**Case Report**

It was the second pregnancy of a 35-year-old mother, conceived by assisted reproductive technology. Subsequent division of one of the two initially inserted blastocysts resulted in monochorionic twins, the triplets then continued to develop. By the 31st week, the otherwise healthy pregnancy had been complicated by the intrauterine death of one of the monochorionic twins, while the other one remained vital; slightly smaller amount of amniotic fluid was recorded in the surviving twin.

Emergency caesarean section was performed at 33 weeks' gestation, due to the pathologic cardiocitogram of the first triplet. Our patient, the surviving male twin was born vital (Apgar score 8, 8), weighing 1800 g. Initial laboratory findings were all normal, but the patient was oliguric (1.6 ml/kg/h); continuous increase of body weight was observed. Repeated laboratory findings in the fourth day of life indicated severely impaired renal function (urea 18.7, creatinine 382, Na 115, Cl 83, Hb 128, Htc 0.38). An ultrasound of the urinary tract revealed small and structurally altered kidneys. Initial conservative treatment (electrolyte replacement, fluid management) was followed by hemodialysis, and in the end, peritoneal dialysis, which was continued after the discharge at the 86th day of life, together with symptomatic and supportive treatment. Over the past few months, there have been no acute illnesses or complications, and the child’s growth and development are satisfactory. However, it is to be expected that the child will need a kidney transplant in the future.

**Conclusion**

In the case of single fetal demise in monochorionic twin pregnancy, it is possible to expect severe kidney damage in the surviving twin.

**Results**

This study included 23 outborns aged 23 to 36 weeks of gestation (27.7±3.7). The median age at surgery was 11 days (5-43 days). Male gender (83%) was overrepresented, whereas antenatal steroid exposure was low (61%). The majority of patients (n=15) had a primary laparotomy (65%); two patients had peritoneal drainage (PD) alone (9%) and six patients had PD followed by laparotomy (26%). All patients survived. After referral, the median length of hospitalization was 128 days (15-430 days), one patient developed short bowel syndrome, five (22%) were treated for sepsis, eight patients (35%) received laser photoacoagulation due to retinopathy, and grade 3 to 4 intraventricular hemorrhages were diagnosed in seven (30%) patients. There were no differences in outcomes related to surgical approach.

**Conclusion**

NEC mortality in our cohort is lower than current literature suggests. Additionally, abdominal drainage seems to be equally successful treatment of NEC as explorative laparotomy and bowel resection in neonates who do not meet the criteria for the latter procedures. Neonates who underwent abdominal drainage do not show increased probability of complications or higher lethality.

**References**

1. Antabak Anko, Lueti Ć Dorotea, Filipovićć Đoris, Sabolićivković Boris, Sloboćic Ivan, Pasini Miriam, Čavtar Stanko, Antabak Anka, Lučić Tomislav, Vučeković Jurica, Grizelj Ruža, Simićići Dessado Nada. University Hospital Centre Zagreb, University of Zagreb, School of Medicine

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**Goal**

The purpose of this study was to characterize the population and evaluate risk factors, surgical treatments and short-term outcomes in preterm infants with surgical necrotizing enterocolitis (NEC).

**Methods**

We retrospectively evaluated premature infants with surgical NEC over a period of 5 years (2015-2019) in a Croatian tertiary referral centre. Data were extracted from medical records.

**Results**

This study included 23 outborns aged 23 to 36 weeks of gestation (27.7±3.7). The median age at surgery was 11 days (5-43 days). Male gender (83%) was overrepresented, whereas antenatal steroid exposure was low (61%). The majority of patients (n=15) had a primary laparotomy (65%); two patients had peritoneal drainage (PD) alone (9%) and six patients had PD followed by laparotomy (26%). All patients survived. After referral, the median length of hospitalization was 128 days (15-430 days), one patient developed short bowel syndrome, five (22%) were treated for sepsis, eight patients (35%) received laser photoacoagulation due to retinopathy, and grade 3 to 4 intraventricular hemorrhages were diagnosed in seven (30%) patients. There were no differences in outcomes related to surgical approach.

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