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 cardiotocogram 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.

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**Abstracts**

**136 SHORT-TERM OUTCOMES FOR PRETERM INFANTS WITH SURGICAL NECROTIZING ENTEROCOLITIS**

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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 median gestational age (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 frequency of mothers with bad reproductive anamneses. Urgent Caesarean section was much more common for their newborns. C-reactive protein among them was often higher than 5 mg/l. They gave birth prematurely more often, while infections, cyanosis, hypo- and hypertonus, and jaundice were also more common. Complications of prematurity and the need for oxygenation occurred much more often than in the control group. They were also hospitalized longer. Comparing the two one-year periods, we found less complications during pregnancy and delivery in the year 2018; the frequency of mothers with bad reproductive anamneses was three times lower, as was the number of urgent Caesarean sections. The number of newborns born prematurely was two times smaller. In 2018, neonatal outcome included three times less common onset of infection, cyanosis, hypo- and hypertonus, and less common preterm labour. The need for oxygenation was five times, and for prolonged hospitalisation nine times less common.

**Conclusion** Better perinatal care and screening of mothers with hypothyroidism improves neonatal outcome as well as long-life consequences in newborns and lowers the complication rates for mothers during pregnancy and delivery.