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, with a poor long-term outcome.

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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 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 photocoagulation 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.

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EARLY NEONATAL OUTCOME OF NEWBORNS WITH MOTHERS HYPOTHYREOSIS IN PREGNANCY

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Newborns of mothers with hypothyroidism (latent or manifest) in pregnancy were investigated during two one-year periods. The aim was to point out particularities in mother's anamnesis, pregnancy and labour, as well as the clinical characteristics of neonates (Apgar score, gestational age, birth weight, mode of delivery) and to compare the differences in two periods.

Subjects The research was conducted on newborns of mothers with hypothyroidism in pregnancy in the Clinical Hospital Centre Osijek in 2015 and 2018. The control group consisted of newborns first born afterwards.

The data were presented in tables, in absolute and relative frequencies. Chi-square test was used to demonstrate the statistical significance, resulting in significance level of $p < 0.05$. It was retrospective case control study. Mothers with hypothyroidism in pregnancy had more acute complications in pregnancy (infections, hypertension, pre-eclampsia, gestational diabetes) and delivery, and more complications in 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 anamnesis 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.