mean velocities with the values of hemoglobin and haematocrit. Every fetus were taken only once in the study, no matter what the number of cordocentesis was.
Results: Of 44 fetuses, 15 didn't show the presence of anemia, 14 had mild anemia, 9 had moderate anemia, while severe anemia with the need for transfusion was registered in 6 cases. Mean velocity was: 18.33±0.78cm/s in group 1; 21.38±0.87cm/s in group 2; 22.67±1.12cm/s in group 3; and 24.85±1.44cm/s in group 4. All anemic fetuses had average mean MCA velocities higher compared to the nonanemic. In severe anemia mean velocities are higher than in moderate forms, showing statistical difference ($p<0.05$). Mean velocities are higher in severe forms showing negative correlation with hemoglobin and hematocrit values ($p<0.05$).
Conclusions: In Rh- aloimmunised pregnancies anemic fetuses have increased mean blood velocities in MCA, especially in the cases of severe anemia. There is a negative correlation between mean velocities and hemoglobin and haematocrit . We suggest measuring mean blood velocities of the fetal MCA in the diagnosis of fetal anemia and in the determination of the time for cordocentesis.

FCP104

PROFILE OF CONGENITAL MOLFORMATION AT CHENGALPATTU MEDICAL COLLEGE HOSPITAL RURAL BASED HOSPITAL IN SOUTH INDIA

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Background: This study is conducted in rural area where cansanguinous marriages very common. Marriages between cousins, between uncle and niece are often practiced in the rural part of this country.
Aim of the Study: To study in the congenital malformation (major and minor) in Chengalpattu Medical College Hospital.
Methods: Study Period: 1999-2000. Place of Study: Department pf obstetrics and Neonatal Unit, Department of Pediatrics at CMCH. The babies were examined by Pediatrician soon after birth and screened for major and minor malformations, investigations were done to an established to diagnosis and genetic screening were done by the Department of genetic Tharamani Government of TamilNadu. The results were collected and entered by research investigators and the data was analyzed using stata software.
Results: Among the congenital malformation 20% had cardiac disorders. 17% had GIT malformations, 6% had hydrocephalus and 10% had neural tube defect. Among the minor malformation 9% had cleft lip and cleft palate, 8% had limb defects.

FCP105

CYTOKINE LEVELS IN PREGNANT WOMEN WITH HYPEREMESIS GRAVIDARUM

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Introduction: Overactivation of maternal immune system or high concentrations of trophoblast-derived cytokines may be responsible for the onset of first trimester pregnancy pathologies, including hyperemesis gravidarum. However, to our knowledge, there is no study evaluating maternal serum cytokine levels in patients with hyperemesis gravidarum. In the present study, we evaluated maternal serum concentrations of IL-1β, IL-2R, IL-6, IL-8, and TNF-α levels in patients with hyperemesis gravidarum and compared the levels with those in the healthy pregnant and non-pregnant women.
Materials - Methods: Thirty women with hyperemesis gravidarum, 30 women with healthy pregnancies in the first trimester, and 30 non-pregnant women were enrolled in the study, prospectively. Maternal serum IL-1b, IL-2R, IL-6, IL-8, and TNF-α levels were evaluated using two-site chemiluminescent enzyme immuneometric assay method in the three study groups.

Results: There was no significant difference in median maternal serum IL-2R and IL-8 levels within the three groups. In healthy pregnant patients, serum levels of IL-1b and IL-6 were significantly higher than that in the non-pregnant women. Median (range) TNF-a levels were significantly higher in hyperemesis group than the levels in healthy pregnant and non-pregnant women [25.8 pg/ml (4.9-140) vs.10.85 pg/ml (4.1-35.8); 25.8 pg/ml (4.9-140) vs. 12 pg/ml (4.3-68.2)].
Conclusion: We found significantly elevated TNF-a levels in patients with hyperemesis gravidarum compared the levels in healthy pregnant and non-pregnant women. Elevated TNF-a levels may play a role in the etiology of hyperemesis gravidarum.

FCP106

HEPATIC PORPHYRIA – ILLUSTRATIVE EXAMPLE OF DIAGNOSTIC ERROR

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Background: Porphyries represents hereditary diseases, in which there is enzyme deficit, having as a consequence the disturbance in hem synthesis, protopophyrin with building Fe.
Hem is synthesised in liver and bone marrow and beginning of its synthesis controls DALA enzyme, which is very unstable and often suprimized or stimulating by many endogenous and exogenous factors. Porphyries can be primary (erythropoetic and hepatic) and secondary (with diseases of liver and bone marrow). Hepatic porphyries account for half of all porphyries and in more than 2\3 of cases first time appears during pregnancy. Maternal mortality accounts for 20% hepatic porphyry is inherited autosomal dominant but the most important is the enzyme deficit in uroporphobilinogen synthetasa, which leads to increase production of porphyrin precursors (DALA and PBG) its increase excretion by urine. The Clinical picture includes abdominal symptoms, neuropsyhic symptoms, and disturbance of autonomous nerve system. In the diagnosis very important is the personal and family history, screening tests and confirmation of the diagnosis is made by quantitative determine of DALA, PBG in urine, stools and erythrocytes. In therapy primary we must avoid drugs which induct DAL or provoke degradation of hepatic hem. In therapy of acute attack we administrate hemarginin, large quantities of glucose and symptomatic therapy.
Review of case: Patient I. S. born in 1964, from Pristine. Diagnosis of acute hepatic porphyry is made after a numerous of diagnostic – therapeutic neglects which start after the first delivery, when she was hospitalised because of epic attacks first in the Neuropsychiatric Clinic in Pristine. Because of worsening symptoms and intensive abdominal pain and a suspicion for acute pancreatitis she was transferred in our clinical centre. After complete diagnostic procedures and confirmation of diagnosis, continue with the administration of adequate therapy which lead to significant subjective condition and normal findings and the patient was released home with a list of contraindicated drugs.
Because of the previous events, risk and fear of the patient for relapse of the disease her next delivery was controlled in our Clinic. During the pregnancy, delivery and puerperium precipitated medicines were avoided.
Conclusion: The described case indicates that delivery and puerperium is a possible declarative factor in the appearance of acute act of porphyry. Non – diagnosed porphyry in this case, it led to inadequate therapy-contraindicated, which lead to aggravation of the clinical picture.

FCP107

IV ADMINISTRATING AMOXICILLINE TO PREGNANT WOMEN, COLONIZED WITH STREPTOCOCCUS GROUP B – POSITIVE OUTCOME TO NEWBORNS OF NEXT DELIVERIES

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Introduction: SGB vaginal colonization of pregnant and newborn infection (early-late syndr.) is frequent. These newborn have an increased risk of serious illness, high mortality rate in first hours-days of life,