mesinin önemini tekrar gündeme getirmiştir." Gebeliğin erken döneminde (<16 hf) başlanan ASPİRİN profilaksisi ve Ca suplementasyonu özellikle yüksek riskli olgularda preeklampsiyi önlemede etkilidir.

Sonuç

PE'nin erken tanı ve önlenmesi için DÜZENLİ ANTENATAL TAKİP ESASTIR. Son yıllarda, özellikle ilk trimesterde maternal risk faktörleri, MAP, uterin arter Doppler ve serum belirteçlerini kullanan kombine algoritmalar preeklampsi öngörüsünde ümit vericidir. Kombine yöntemler maternal risk faktörlerini de dahil ettiğinden, düşük risk grubundaki hastaların taranmasında da kullanılabilir gibi gözükmektedir; bu konuda yeni çalışmalara gerek vardır.

KÖ-07 [13:30]

Fetal anatomical evaluation in the first trimester

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With the widening global availability of NIPT, we shall now gradually witness a shift in the primary modality of choice for screening for aneuploidy in the first trimester. Nonetheless, it is critical that we do not lose the NT window which has given us access to over 70% of fetuses at 11-13 weeks, a time during which complete fetal assessment is possible providing reassurance against over 75% of major fetal abnormalities. And with the technological advances, it is now possible to evaluate the fetus with much more clarity, inclusive of the fetal heart, keeping in mind that an increased NT is the highest risk factor that a fetus may have for underlying congenital heart disease. As such, the aim of this presentation is to address the basics of carrying out a full fetal anatomical assessment in the first trimester illustrating what can be visualized, the techniques for optimal evaluation, the ability to detect structural and cardiac fetal abnormalities, and to discuss the limitations at this point in gestation.

KÖ-08 [13:45]

A biparietal / transverse abdominal diameter (BPD/TAD) Ratio ≤1: a potential hint for open spina bifida at 11–13 weeks scan

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Objective: In the first trimester of pregnancy, a biparietal diameter (BPD) below the 5th percentile is a simple marker that makes it possible to detect half of all cases of open spina bifida. We hypothesized that relating the BPD measurement to the transverse abdominal diameter (TAD) might be another simple and effective method. We assessed the performance of the BPD/TAD ratio during the first trimester of pregnancy in screening for open spina bifida.

Methods: A total of 20,551 first-trimester ultrasound scans (11–13 weeks of gestation) from 2000 to 2013 were analyzed retrospectively; they included 26 cases of open spina bifida and 17,665 unaffected pregnancies.

Results: The mean BPD/TAD ratio was 1.00 (SD ±0.06) for the spina bifida cases and 1.13 (±0.06) for the control cases (P<0.0001). BPD ≤5th percentile enabled the detection of 46.2% of the spina bifida cases, while a BPD/TAD ≤1 detected 69.2%, and the combination of one or the other identified 76.9%. In the latter case the false-positive fraction was 5.1%, while that for the combination of both (BPD ≤5th percentile and BPD/TAD ≤1) was 0.6% (sensitivity was then 38.5%). The positive prediction value of the combination of BPD ≤5th percentile and BPD/TAD ≤1 for spina bifida was 8.5%.

Conclusion: Between 11 and 13 weeks, relating the BPD to the TAD measurement considerably improves the diagnostic performance of a simple BPD in screening for open spina bifida. Screening for this marker is simple and applicable to a large population.

KÖ-09 [14:00]

Are the first trimester serum and US markers altered in pregnancies after ART?

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Background: Today, first-trimester screening, which combines maternal age, NT and maternal serum free β-hCG, and pregnancy-associated plasma-protein-A (PAPP-A), can achieve a detection rate 90% with a FPR of 5%. The pregnancies achieved after ART, has been shown to be associated with changes in biochemical serum screening second-trimester markers, but for the first-trimester screening there is a controversial issue. Some trials report altered serum markers and some others are unable to confirm it.

Objective: To evaluate distribution of US and biochemical first-trimester screening markers in ART pregnancies and to compare the results with the values of US and biochemical screening markers in spontaneous pregnancies. Material and Method: Prospective cohort study from January 2010 to September 2013. Blood sampling & NT thickness measurement in 478 singleton pregnant women. Study group: 187 pregnancies conceived after ART. Control group: 291 preg-