

YAPIŞIK İKİZLER (OLGU SUNUMU)

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ÖZET: Yapışık ikizlik ender görülen, ağır mortalite ve morbiditeyle seyreden bir konjenital anomalidir. Bu makalede gebeliğin ilk trimestrinde ultrasonografik olarak saptanan, CVS sonucu 46XY bulunan ve medikal abortusla sonlandırılan bir "Thoracophagus (Terata anacatadidyma)" olgusu, ender görülmesi sebebiyle ilginç bulunarak sunulmuştur.
Anahtar Sözcükler: Yapışık ikizlik, 1. trimestr, prenatal tanı

SUMMARY: Conjoined twins is a rarely seen congenital anomaly together with severe mortality and morbidity. Toracophagus (Terata anacataydidyma) detected in the first trimestr is a very rare case making it interesting. In this case thoracopagus was detected in the first trimestr with ultrasonography. CVS result were found to be 48 XY and the pregnancy was ended with medical abortions.

Key Words: Conjoined Twins, 1 st trimestr, prenatal diagnosis

MATERNAL SERUM URIC ACID LEVELS IN PREDICTING PREECLAMPSIA IN TWIN GESTATIONS

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OBJECTIVE: We aimed to establish a cut-off value for serum uric acid level in twin and singleton gestations to predict the risk of preeclampsia.

METHODS: 21 nonmotensive and 16 preeclamptic women with twin gestations, who had no underlying chronic hypertension or renal insufficiency, had serum uric acid levels measured on admission to the labor and delivery unif. These levels were compared with those of 56 nonmotensive and 43 preeclamptic singleton gravidas admitted to the same unit. A receiver operating characteristic (ROC) curve was used to determine the optimal maternal serum uric acid cut-off value for twins to predict the high risk patlents for preeclampsia and to compare this value with that of singleton gestations.

RESULTS: Women with non-preeclamptic twin pregnancies had a median serum uric acid concentration of 4.1 mg/dl (range: 3.4 to 5.3) while those women with non-preeclamptic singleton pregnancies had a median of 4.25 mg/dl. (range: 3.4 to 6.1), $p > 0.05$.

Singletons (median: 6.65 mg/dl, range: 3.8 to 9.7; median: 6.9 mg/dl, range: 3.7 to 10.4 respectively), $p > 0.05$.

Using ROC curves, we determined that a maternal serum uric acid level of 5,3 mg/dl appeared to be the optimal cut-off value for identifying preeclampsia in twin gestations with a sensitivity of 75 % and specificity of 100 % and 5,1 mg/dl appeared to be the optimal cut-off value for identifying preeclampsia in singleton gestations, with a sensitivity 91 % and a specifity of 87 %.

CONCLUSION: Preeclamptic women have significantly higher serum uric acid levels than non-preeclamptic women both in twin and singleton gestations. There were no statistically significant difference in serum uric acid levels between twin and singleton gestations with or without preeclampsia which suggests no need to find a separate normative value for twin gestations.