

pathological before other parametres of preeclampsia. Looking after the doppler flow we have found high residual flow in arteria umbilicalis and intrauterine growth retardation in 80% cases. In 73% doppler shows higher cerebral resistance, and low biophysical profile (2-4)./ We have given dexamethason intramuscular to fetus directly in 3 acts, first, third and fifth day. We have made the positive effect of having alive neonatus in 70% (29-32 wg) from 850g to 1200g. Apgar score 2-5. In 25% we have had respiratory distress syndrome, and in approximately 5% we made earlier finishing of gestation, saving mothers life.

Conclusions: Using new test in predicting complication of PIH, PE, as FN and CRP are very usefull in combination of fetus therapy by dexamethason given directly to fetus.

FCO47

RESULTS AND CLINICAL OUTCOME OF PREGNANCIES AFTER PRECONCEPTION DIAGNOSIS IN 108 IVF CYCLES OF AMERICAN HOSPITAL

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Objective: Preimplantation genetic diagnosis (PGD) of aneuploidy was performed on embryos of 108 patients undergoing IVF with identification of either advanced maternal age, repeated implantation failures in IVF/ICSI or poor obstetric history usually in the form of recurrent abortion of no demonstrable cause or known genetic abnormality between April 2001 and June 2002.

Methods: For 108 ICSI/PGD/ET cycles, 586-day three embryos were biopsied and one blastomere from each was fixed for aneuploidy screening. MultiVysion PB (Vysis) hybridization kit was used for detection of chromosomes 13, 16, 18, 21, 22 and X, Y. Day five embryo transfer was performed for the embryos evaluated as normal.

Results: Of the 586 embryos 372 (65%) were found aneuploid and the remaining 205 (35%) embryos were evaluated as euploid, resulting in day five blastocyst transfer. The aneuploidy rates for chromosomes 13, 16, 18, 21, 22 and XY were as follows; 18%, 13%, 20%, 19%, 10%, 19%. A total of 141 embryos were transferred to 83 (77%) patients (mean 1.2; min: 1, max: 4). We achieved a positive pregnancy test on day 10 in 21 patients giving us a 19.4% pregnancy rate per cycle. Our clinical pregnancy rate per cycle and implantation rate per replaced embryo was 16.6% (18/108) and 12.7% (18/141) respectively. The ongoing pregnancy rate per PGD cycle was 11.9 (18/108) while five babies were delivered without any perinatal complications. All ongoing pregnancies were confirmed by prenatal diagnosis informing us that there was no misdiagnosis including the performed aneuploidy screening.

Conclusion: An increased pregnancy rate was achieved by PGD of aneuploidy in poor prognosis IVF patients and also this technique may be recommended to overcome the complications of multiple pregnancies of IVF treatment by selecting the euploid and good quality embryos, which enables to decrease the number of transferred embryos.

FCO48

EFFICACY OF MIPHIL®, AN ACIDIC VAGINAL GEL, ON pH AND IL-6 LEVELS IN PREGNANT WOMEN: A DOUBLE BLIND, PLACEBO-CONTROLLED TRIAL

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Background: Elevated vaginal Interleukin 6 levels (IL-6) and a vaginal pH >4,7 are associated with obstetric complications such as pre-term delivery and low birth weight. IL-6, an inflammatory cytokine, is a major mediator of the host response to inflammation and infection. High vaginal levels of IL-6 are detected during vaginal infections.

Study Aim: In a randomised, double blind, placebo-controlled trial, we evaluated the effects of Miphil®

(Mipharm, Milan, Italy), an acidic vaginal gel with high mucosal bioadhesivity, applied 2,5 g every three days, on vaginal pH and IL-6 levels in 70 "low-risk" pregnant (Ist trimester) women.

Methods: Vaginal pH and vaginal IL-6 were measured at baseline and after 12 weeks of treatment. Vaginal pH was measured in the lateral vaginal fornix using strip indicator papers. IL-6 was measured with a chemiluminescent immunometric assay. Vaginal pH at baseline was 4,6 and 4,4 in Miphil and placebo group, respectively.

Results: At week 12 vaginal pH was 4,3 in Miphil group and 4,3 in placebo group ($p=n.s.$). Treatment with Miphil normalized vaginal pH (i.e. $pH < 4,5$) in three women in comparison with only one patient in placebo group. In comparison with placebo and baseline values, Miphil induced a significant ($p < 0,02$ Wilcoxon test) reduction of vaginal IL-6 levels (-61%).

Conclusions: The use of Miphil in "low-risk" pregnant women is able to maintain a "physiological" vaginal ecosystem and prevents the increases of vaginal IL-6. Prospective, large, and controlled trials are warranted to evaluate if this treatment can reduce obstetric complications linked to vaginal inflammatory and infective conditions.

FCO49

HELLP SYNDROME VERSUS SEVERE PREECLAMPSIA REMOTE FROM TERM

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Objective: We aimed to determine whether HELLP syndrome at ≤ 28 weeks of gestation is associated with an increased risk of maternal and fetal morbidity in comparison with the risk associated with severe preeclampsia without HELLP syndrome at a similar gestational age.

Material – Method: The medical records of 66 women being admitted to, High Risk Pregnancy Unit between 1996 – June 2001 with the diagnosis of either HELLP syndrome ($n=32$) or severe preeclampsia without HELLP syndrome ($n=34$) before ≤ 28 weeks of gestation have been evaluated retrospectively.

Results: The ultrasonographic gestational age at diagnosis, systolic blood pressure and hospitalization period were significantly different in two groups ($p < 0,05$). Nulliparity was more prevalent in HELLP syndrome group. The laboratory results were statistically different in two groups except for hemoglobin and fibrinogen results. There were no statistical difference in eclampsia complication, but the ratio of abruptio placenta and transfusion of blood products were significantly higher in HELLP syndrome group. The delivery weights and perinatal exitus were not statistically different in both groups.

Conclusion: It is recently shown in several reports that in the second trimester expectant management with aggressive monitoring of the status of both mother and fetus improves perinatal outcomes. On the basis of the data reported in the literature: given that the expectant management in women with severe preeclampsia without HELLP syndrome at < 32 weeks' gestation improves neonatal outcome, the results of this study raise the issue regarding expectant management in women with the HELLP syndrome developing before 28,0 weeks' gestation because perinatal and neonatal mortality and morbidity rates were statistically similar between the women with HELLP syndrome and those with severe preeclampsia.

FCO50

FETAL DUCTUS VENOSUS DOPPLER VELOCIMETRY IN INTRAUTERINE GROWTH RESTRICTION IN RELATION TO ADVERSE PERINATAL OUTCOME

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Objective : To investigate ductus venosus blood flow in growth restricted fetuses and to relate the Doppler results to perinatal outcome.

Methodology : A cohort study among 20 pregnant women clinically diagnosed as suffering from intrauterine growth restriction was conducted. Doppler velocity waveforms were recorded from fetal ductus