(Mipharm, Milan, Italy), an acidic vaginal gel with high mucosal bioadesivity, applied 2,5 g every three days, on vaginal pH and IL-6 levels in 70 "low-risk" pregnant (I 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 SYONDROME VERSUS SEVERE PREECLAMPSIA REMOTE FROM TERM

Kaleli A., Aytan H., Kalyoncu Ş., Danışman N., *Zekai Tahir Burak Women`s Helth Education and Research Hospital, High Risk Pregnancy Department, Ankara - Turkey*

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 abrubtio 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

Mose J.C., Mandang S.V., *Department of Obstetrics and Gynecology, School of Medicine Padjadjaran University Bandung - Indonesia*

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

venosus every two-week and the last results were evaluated in relation to mode of delivery, APGAR score, birth weight, fetal blood pH, length of hospitalization, NICU stay, and perinatal death.
Results : Doppler flow studies demonstrated evidence of reduced velocity in more than 90% of cases in terms of time average, peak systolic, peak diastolic, and A wave velocities among fetuses clinically diagnosed as intrauterine growth restriction. Reduced ductus venosus flow velocities were significantly correlated with low 1 minute APGAR scores, low birth weights, and fetal acidemia but were not significantly correlated with mode of delivery, length of hospitalization, and NICU stay. Lost and reversed A waves were recorded previously in two cases with perinatal death.
Conclusion : Reduced ductus venosus flow velocities are significantly correlate with the evidence of redistribution of oxygenated fetal blood flow and adverse perinatal outcome. Lost and reversed A wave are significantly correlate with high perinatal mortality rate.

FCO51

ANALYSIS OF 47145 DELIVERIES IN A TERTIARY CENTER: AN EPIDEMIOLOGICAL VIEW
Çalışkan E., Öztürk N., Aykan B., Öztürkoğlu E., Dilbaz B., Yalvaç S., Haberal A., *SSK Ankara Maternity and Women's Health Teaching Hospital Ankara - Turkey*

Objective: To evaluate the incidence of perinatal complication.
Material - Methods: Data of 47145 deliveries between 1 January 2000 and 1 January 2002 are presented in this retrospective study.
Results: Among the analysed population 2.7% were 18 years old or under and 6.4% were 35 years old or over; 46.8% women were nulliparous and 0.6% were grand multiparous. Abruption of placenta was diagnosed in 0.3% of the patients. Preterm premature rupture of the membranes occurred in 1.2% and premature rupture of the membranes in 19.1%. Among the fetuses 5.6% were premature, 9.1% postmature and 7.2% intrauterine growth restricted. Induction of labor was performed by oxytocin in 8.8% and misoprostol in 2.7%. Maternal anemia (Hb<10g/dl) was detected in 11.4% and thrombocytopenia (<100000/mm3) in 1.1% of the women. Among the fetuses 96.5% were vertex and 3.5% were non-vertex presentation. Uterine rupture occurred in three cases. Spontaneous vaginal delivery was achieved in 77.3%; episiotomy was performed in 74.2%. The cesarean rate was 22.7% and 90.3% of the patients received spinal anesthesia. Third and fourth degree perineal tears occurred in 0.6% of the cases. Uterine atony was detected in 2.2%, 19 bilateral hypogastric artery ligation and 8 hysterectomies were performed. Analysis of the birth weight revealed that 1% were very low birth weight, 7.2% low birth weight, 4.8% macrosomic and 0.3% extreme macrosomic (≥4500g) fetuses. In 0.3% cases shoulder dystocia and in 0.1% cases clavicular fracture occurred. Analysis of the puerperal complication demonstrate 0.23% episiotomy sutures break-down, 0.1% post-cesarean sutures break-down and 0.1% retention of the placenta.
Conclusion: Steps to modernize obstetrics should be based on the analysis of the incidence and predisposing factors of complications in the target population.

FCO52

TWIN PREGNANCY COMPLICATED BY ACARDIAC FETUS: A CASE REPORT
Özkan S., Özeren S., Çorakçı A., Özkaya Ü., Göktan M., Yücesoy İ., *University of Kocaeli, School of Medicine, Department of Obstetrics and Gynecology, Kocaeli - Turkey*

Background: Acardiac twinning (Twin reversed arterial perfusion sequence, TRAP) is a rare complication of multifetal gestation occurring 1% of monozygotic twin pregnancies or 1 in 35000 births. An abnormal vascular communication consisting of anastomoses between embryos leading to reversed flow of blood to the hemodynamically disadvantaged or recipient twin with the resulting secondary atrophy of the heart and dependent organs. Inadequate perfusion leads to characteristic anomalies including acardius and acephalus. The other twin "pump twin" is structurally normal but carries the risk of cardiac failure associated with a mortality rate of 50%. The larger the acardiac mass at birth, the greater was the