

FCO58

PLACENTAL APOPTOSIS IN POSTTERM PREGNANCIES AND ITS IMPACT ON NEONATAL OUTCOME. PPRELIMINARY RESULTS

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Objective: To determine whether postterm pregnancy is associated with an increase in placental apoptosis and its impact on neonatal morbidity and mortality.

Methods: A prospective study was conducted among postterm singleton pregnancies without any maternal systemic disease from January 2000 to May 2002. Maternal age, gestational age at birth, mode of delivery, presence of meconium, 1st and 5th minute Apgar scores, neonatal birth weight, umbilical artery pH and neonatal outcome were evaluated.

Results: Out of 3622 deliveries, 51 (1.4%) of them were postterm. Mean maternal age was 22.5 ± 3.1 . Gestational age was 40 weeks 6 days in 20 patients, 41 weeks 6 days in 24, 42 weeks 6 days in 5 and 43 weeks 6 days in 2 patients. Out of 51 pregnancies, 37 (72.5%) had spontaneous and 14 (27.5%) had induced labor. Mode of delivery was vaginal in 40 (78.4%) patients. Eleven patients had cesarean section for intrapartum fetal distress. Mean neonatal weight was 3219.6g. Thin meconium was detected in 12 pregnancies. Neonatal morbidity and mortality were not detected.

Bax and Bcl-2 expressions were assessed as mild (+), moderate (++) and severe (+++) and were evaluated in 20 patients. Seven of these patients had 40 weeks 6 days of gestation, 7 had 41 weeks 6 days, 5 had 42 weeks 6 days and 1 patient had 43 weeks 6 days of gestation. Decreased Bcl-2 expression was detected as gestational age progress suggesting excessive placental aging.

Conclusion: Although Bcl-2 expression was continued to decrease as gestation progress, it might not have an adverse effect on neonatal outcome.

FCO59

PRIMARY UPJ-TYPE FETAL HYDRONEPHROSIS: PRENATAL APPROACH AND OUTCOME

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Objective: To determine the outcome of primary UPJ-type fetal hydronephrosis followed and/or managed antenatally and postnatally.

Methods: Thirty-four fetuses (51 kidneys) with antenatally diagnosed primary UPJ-type hydronephrosis between September 2000 and August 2002 were prospectively followed. Antenatal standard ultrasound (SUS) and diuretic Doppler US (DDUS) were used for diagnosis and follow-up of these patients. Prenatal intervention was performed in some of persistent grade 4 (SFU) hydronephrotic kidneys of renal pelvic AP diameter greater than 35 mm, with no improvement in serial antenatal SUS and/or DDUS, and with renal dysplasia findings in fetal urine sample, particularly bilateral ones.

Results: Boy/Girl: 26/8. Antenatal diagnosis was made at 28 gestational weeks. All had normal amniotic fluid including bilateral one. All delivered full term. The mean birth weight was significantly lower in patients with grade 4 compared to grade 3 or less patients. Forty-one kidneys were managed with non-operative approach. Surgery was required in 10 kidneys. The degree of hydronephrosis decreased in none of the kidney with grade 4 in antenatal and postnatal period. Prenatal renal pelvic needling in four kidneys and pelvianniotic shunting in three kidneys associated with persistent grade 4 hydronephrosis (AP diameter greater than 35 mm) were performed.

Conclusion: This series may help in describing the natural history of fetal hydronephrosis. Close follow-up with DDUS in antenatal period may help to identify the subgroup of children who develop obstruction and who need prenatal intervention. Oligohydramnios is likely to be a late complication of renal dysplasia. Therefore, it might not be used as a certain criteria for prenatal intervention. In fact, it may cause a delay in prompt management of severe obstruction.