

Bu çalışmamızda, akraba evliliği oranının yüksek olduğu ve eğitim düzeyi yükseldikçe bu oranın azaldığı görülmektedir.

FCP18

MRI ESTIMATION OF PELVIS DIAMETER AFTER DIFFERENT PELVIC OSTEOTOMIES AND IMPORTANCE OF DIAMETER CHANGE AT NATURAL DELIVERY ESTIMATION

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Aim: Estimation of pelvis osteotomy influence on pelvis diameter.

Patients and Methods: In study is involved 127 patients with pelvic osteotomy because of hip disease in child period. With MRI pelvic diameter is performed for estimation should delivery be done by Cesa-rian section or on natural way. All patient are female, 18-21 years old. Follow up is 15 years, types of osteotomies, pelvic diameters and its repercussions are presented in sheets. Original statistic sheet and programs support are used.

Results: Triple pelvis osteotomy significantly influence on pelvis diameter.

Conclusion: Concerning that in this moment lot of pelvic osteotomy type are actual (most popular Ganz and Toniss), we point on importance of this problem in obstetrition.

FCP19

ANTEPARTUM RISK FACTORS ASSOCIATED WITH PERINATAL OUTCOME IN ABRUPTIO PLACENTAE

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Objective: To evaluate clinical and laboratory risk factors associated with perinatal outcome in placental abruption.

Materials - Methods: Records of 126 patients with abruptio placentae were analyzed retrospectively. Maternal ages, parity, gestational age at birth, maternal complications (vaginal bleeding, placenta previa, hypertension, hypofibrinogenemia, postpartum operative intervention, blood transfusion requirements), birth weights, stillbirths, Apgar scores, neonatal care unit admissions were reviewed. Multiple logistic regression analyses used to derive maximum likelihood estimates of the adjusted odds ratios (OR) and 95% confidence intervals were used as measures of the association between pregnancy and outcome and antepartum factors.

Results: Multiparity ($p > 3$) and hypertension was associated with an increase in risk with low Apgar scores ($1 < 4$) (OR=2.8 and OR=2.0 respectively). Hypofibrinogenemia was associated with an increase in risk with stillbirth (OR=5.8), maternal blood transfusion requirements (OR=5.3) and increased frequency of hysterectomy and/or hypogastric artery ligation (OR=6.6).

Conclusion: Gestational age at birth is the most important factor for fetal outcomes, where as maternal morbidity is dominated by maternal hypofibrinogenemia.