were similar regarding to the phases of labor. However, early decelerations detected in latent phase of labor was associated with 63% fetal acidosis while only 5% of the newborns with early decelerations in the first stage of labor had fetal acidosis.

Conclusion: Prediction and diagnosis with intervention and delivery could prevent the progression of asphyxia so, obstetricians should bear in mind that, abnormal FHR patterns in the latent phase of labor is alerting for fetal asphyxia.

FCP25

TWIN BIRTH WEIGHT DISCORDANCE

Çağlar G.S, Keskin L, Avşar A.F., Zekai Tahir Burak Women's Health Education and Research Hospital. Ankara - Turkey

Objective: To determine the relationship between twin birth weight discordance and mode of delivery, preterm delivery, fetal presentations.

Materials - Methods: Records of one hundred and six twin pregnancies were evaluated for maternal age, parity, gestational age at birth, mode of delivery and fetal presentations retrospectively. The degree of discordance was computed using the larger twin as 100%. A twin was designated discordant if it was smaller by more than %15. The patients were analyzed in two groups according to discordancy. Statistical analyses were performed for the given parameters and statistical significance was set at p<0.05.

Results: Mean maternal age was 26 years. 42% of the patients were nullipar. The highest rate of birth was recorded at 36, weeks of gestational age. No statistical difference was found when the two groups were compared for maternal ages, gestational age at birth =<34, presentations other than vertex-vertex and mode of delivery (p>0.05)

Conclusion: Discordancy of %15 between twin pairs is not associated with mode of delivery, presentations other than vertex-vertex and premature deliveries before 34. gestational week.

FCP26

TRISOMY 13 AND FALLOT TETRALOGY . A CASE REPORT

Kelekci S.*, Kılavuz O.*, Vetter K.*, *Clinic of Vivantes, Neukölln Hospital, Department of Prenatal Diagnosis and Therapy, Berlin - Germany

Background: We aim to present a case of Trisomy 13 syndrome with Tetralogy of Fallot which we could not meet in the English literature between 1966 and 2001 and to review the prenatal diagnosis of Trisomy 13 syndrome.

Case: A-23-year old primigravid woman who has 25 weeks pregnant women with morphometrics of Bi-parietal Diameter and Head Circumference below the fifth percentile. The sonographic abnormalities were strawberry-shaped head, cerebellar hypoplasia, hypotelorism, micrognatia, small thoracal diameter, tetralogy of Fallot abnormality in the heart, bilateral enlargement of kidneys bilateral polydactyly in foot and clinodactyly in the fingers. Karyotypic examination was reported to be Trisomy 13. The findings on the outopsy were similiar to sonographical findings.

Conclusion: We emphasized the role of fetal echocardiography in prenatal diagnosis of syndromes and in the routine antenatal screening program, since we observed tetralogy of Fallot abnormality in a patient with Trisorny 13, known as syndrome of multiple abnormalities.

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