

## FCP36

**DIAGNOSIS OF TWIN-TO-TWIN TRANSFUSION SYNDROME WITHOUT ANY INVASIVE TECHNIQUE: A CASE REPORT****Kumru S., Altıngül A., Parmaksız C.,** *Fırat Üniversitesi Kadın Hastalıkları ve Doğum Kliniği, Elazığ - Türkiye*

**Objective:** Twin twin transfusion syndrome occurs in multiple gestations and involves the chronic flow from one twin to its co-twin. The diagnosis of twin-to- twin transfusion syndrome whether made antenatally or postnatally is problematic.

**Case:** A primigravida aged 17 years old was referred to our hospital at 22 weeks of gestation. She was pregnant with monochorionic- monoamniotic twins as detected by ultrasound (US) in the second trimester. Female twins were delivered, the recipient twin weighing 600gr. with hemoglobin 39.3 gr/dl, total bilirubine 1.9 gr/dl and the donor twin 360 gr, pale with hemoglobin 35.1 and total bilirubine 3.4 gr/dl as described by Okamura et al.

**Conclusion:** It is thought that when twin-to- twin transfusion syndrome is suspected the cordocentesis or any other invasive technique may not be cost effective and it is time consuming and risky for the pregnancy outcome and does not effect the outcome in some cases as thought to be so as in ours.

## FCP37

**CESAREAN SECTION AND BURCH COLPOSUSPENSION OPERATIONS****Sapmaz E., Çelik H., Tuğ N., Altıngül Çelik A.,** *Fırat University, School of Medicine, Department of \*Obstetrics and Gynaecology, Elazığ - Türkiye*

**Objective:** Investigation of efficiency and safety of Burch operation at the time of low segment transverse Caesarean section procedure in the cases diagnosed as genuine anatomical urinary stress incontinence prior than pregnancy.

**Material - Method:** Four cases who were diagnosed as genuine anatomical urinary stress incontinence prior than pregnancy by means of previous investigations (history, Q tip, stress test and urodynamical examination) and underwent bilateral tubal ligation and Burch colposuspension procedures at the time of Caesarean section for macrosomic fetus were included in the descriptive type study program. For clinical parameters, the age, gravida, parity, macrosomic fetus history, preoperative stress incontinence duration, postoperative analgesic intake need, total operation duration, intraoperative blood loss, the amount of fluid discharge via hemovac catheter placed in Retzius space, day of hospitalization were recorded. For laboratory parameters, preoperative and postoperative hemoglobin values were identified. All patients were followed up on their postoperative 1, and 3rd days and at 1,5 ,6, and 12th months. Descriptive statistical analyses of the patients were executed with SPSS 9.0 software.

**Findings:** In all 4 patients were employed low segment During of Caesarean Section at term bilateral tubal ligation and Burch colposuspension operations. Age of the patients was calculated as  $31.6 \pm 3.5$  year (mean  $\pm$  SD), urinary incontinence duration  $33 \pm 7.5$  months, macrosomic fetus history 100%, pregnancy age  $34.3 \pm 0.6$  weeks, total operation duration  $37 \pm 7$  minutes, and blood loss  $245 \pm 23$  ml, serosanguinous fluid discharge from Retzius  $31 \pm 3.6$  ml, hospitalization duration  $4 \pm 0$  days, newborn weight  $4150 \pm 218$  g. Postoperative hemoglobin levels were measured  $11 \pm 0.4$  g/dl.

Postoperative pain which may require extraroutine supplemental therapy or intraoperative, early or late postoperative complications did not develop in any patient. Q tip and stress tests were found normal in the patients whose urinary incontinence symptoms have improved by postoperative follow ups.

**Results:** Our approach is the first to be reported in the literature. Burch colposuspension employed during Cesarian Section does not increment the incidence of intraoperative morbidity and can be performed successfully, provided under the experienced hands. However future experiences on vast populations and long term results are yet needed.