FCP48

INTESTINAL PARASITES IN PREGNANT WOMEN IN ŞANLIURFA

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Objective: The aims of the study were to investigate the prevalence of parasitic disease and to identify the most frequent types of intestinal parasites during pregnancy.

Methods: Between May 2002 and July 2002, stool specimens were collected from 89 pregnant women (mean 21.3 weeks' gestation). The mean age of pregnants was 26.3 (SD 4.5) years who attended Obstetrics and Gynecology Department of Harran University Hospital. Stool specimens were evaluated by direct microscopical analyzes of wet mounts. There were two patient groups; infected and non –infected. Also maternal anemia was evaluated in each group. SPSS 11.02 for Windows was used for statistical analyzes.

Results: Of the 89 patients studied 42 (47.2%) were infected with at least one parasite. Five different types of parasites were identified. The incidence rates for Giardia lamblia, Ascaris lumbricoides and Entamoeba histolytica were demonstrated as 33.3%, 30.5% and 26.1% respectively. Chilomastix meslini was found as the fourth most common parasite (7.1%) in this study. The mean Hemoglobin (Hb) was 12.2 g/dL. There was no significant difference in maternal anemia between the two groups.

Conclusion: Parasitic disease is the most common infectious disease complication of pregnancy world-wide. This study was find out high incidence of parasitic infection in pregnants in Şanhurfa. Health education programmes should be considered.

FCP49

GESTATIONAL DIABETES SCREENING BEFORE THE 28th WEEK

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Objective: The aim of the study was to determine the high risk group through 50-g, 1-hour glucose challenge before the 28th week and early diagnosis of Gestational Diabetes Mellitus (GDM).

Methods: As the result of 50-g, 1-hour oral glucose challenge test applied to 206 pregnant women who had a gestational period of 27 weeks and less, 100-g, 3-hour oral glucose tolerance test (100-g OGTT) was applied to 71 of the above mentioned having high values

(>140 mg/dl) in the risk group. After 50-g, 1-hour oral glucose challenge to 139 pregnant women in the control group that had a gestational period of 28 or more weeks, 100-g OGTT was employed on 54 of them in the risk group. Results were evaluated using National Diabetes Data Group (NDGG) criteria and because of at least two high values in 100-g OGTT, GDM was diagnosed. Blood glucose levels were measured in venous plasma by hexokinase method. GDM ratios were compared in both groups. In the analysis of the findings of randomized prospective study, t test and chi 2 test were employed, p<0.05 was found statistically significant.

Findings: There was no statistically significant difference between study and control groups in age, gravidity, parity and abortus. To the pregnant women in the study group, an average of 22.5 (8-27) per week, to those in the control group an average of 31.5 (28-40) per week 50-g, 1-hour glucose challenge test was used. Out of 206 in the study group, 12 (5.82 %) GDM, out of 139 in the control group 7 (5.03 %) GDM were diagnosed and no statistically significant difference was found between them (p>0.05).

Results: There is no need to wait for the 28th week in order to practise 50-g, 1-hour glucose challenge test to determine the risk group in terms of GDM in pregnancy. This test may very well be used safety in an earlier pregnancy period.