## **FCP71**

## PRENATAL D<sub>1</sub>AGNOSIS OF DOWN SYNDROME IN A TWIN PREGNANCY: THE ROLE OF SECOND TRIMESTER ULTRASONOGRAPHY

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Background: Multiple gestations are at increased risk for congenital abnormalities. The role of second trimester maternal serum biochemical screening for chromosomal abnormalities in multiple gestations is limited. For these reasons, prenatal identification of fetuses with structural and/or chromosomal abnormalities in multifetal pregnancies is a diagnostic challenge. The aim of this case report is to emphasize the role of second trimester targeted ultrasonography in the prenatal diagnosis of fetal abnormalities in multiple gestations.

Case: Detailed fetal ultrasonographic examination in a 27-year-old woman with twin pregnancy at 16 weeks' gestation revealed thickened nuchal fold (8 mm) in one of the fetuses. The other was normal. Amniocentesis was performed with two separate needle insertions into the two gestational sacs. The karyotype of the fetus with thickened nuchal fold was 47, XY, +21 (Down syndrome) and that of the the other was normal. The parents were counselled regarding the possibility of selective termination because dichorionic placentation and opted to terminate the affected twin. Selective termination of the fetus with Down syndrome was performed by intracardiac potassium chloride injection at 19 weeks of gestation. The remainder of pregnancy was uneventful and the healty baby was delivered by cesarean section at 39 weeks of gestation.

Conclusion: Second trimester targeted ultrasonography has an important place in fetal anomaly screening in multiple pregnancies.

Key words: Multiple gestation, Down syndrome, selective termination.

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## THE DIAGNOSTIC OF FOETUS PATHOLOGY AT THE PREGNANT WOMAN WITH ANEMIA AND CHRONIC PYELONEPHRITIS

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Objective. Ultrasound diagnostic of foetus pathology at the pregnant woman with anemia and chronic pyelonephritis.

Methods: Ultrasound scaning, Dopplerogaphy of uterine-fetus-placental bloodstream. It was examinated 60 pregnant woman with anemia and chronic pyelonephritis in 22-24 and 28-32 weeks. The Fetometry, biophisic foetus data, velocity blood in uterine vessels, umbilical arteria, foetus aorta and foetus vessels were investigated.

Results:Pregnant woman didn't have any pathology in 22-24 weeks. Pregnant woman with anemia in 28-32 weeks had nonsymmetry hypotrophy (12%) and symmetry hypotrophy (4%); pregnant woman with chronic pyelonephritis had nonsymmetry hypotrophy (16%) and symmetry hypotrophy (8%). 24% of pregnant woman with anemia and 36% with chronic pyelonephritis had infringements of uterine-fetus-placental bloodstream. The more hard infringements have been detected at the pregnant woman with combination of anemia with chronic pyelonephritis.

Concluson. The pregnant woman with anemia and chronic pyelonephritis had hypoxia and hypotrophy in 28-32 weeks. The more hard infringements have been detected at the pregnant woman with combination of anemia with chronic pyelonephritis. According with received information the earlier diagnostic of foetus pathology was started in 22-24 weeks. The treatment of foetus hypoxia and hypotrophy was also started in 22-24 weeks.