

FCP81**TERMINATION OF THE BREECH PRESENTATION PREGNANCIES IN ONE YEAR PERIOD**

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Introduction: Breech presentation occurs 3 to 4% of all deliveries. The term pregnancy with breech presentation may be managed by cesarean section or a trial of vaginal delivery. In past, studies have shown an increase of perinatal mortality and morbidity with vaginal breech delivery. In many centers is dramatic increase in cesarean section rate for breech presentation, ranging from 80 to 100%. The aim of this study was to analyse termination of breech presentation pregnancies in one-year period, at OB/GYN Clinic in Tuzla.

Patients and Methods: In retrospective study we analyzed 222 deliveries with breech presentation performed in year 2000. Pregnant women with breech presentation of fetus were divided in two groups: primiparas and multiparas. Out of 222 deliveries we had 120 primiparas and 102 multiparas. The state of neonates we evaluated with the value of Apgar score at the birth. We used test of proportion in statistical management of datas.

Results: Out of 4748 deliveries there were 222 (4,67%) deliveries with breech presentation. Cesarean section was performed in 75 (62,5%) primiparas and in 55 (50,98%) multiparas. Vaginal delivery was performed in 45 (37,5%) primiparas and in 50 (49,01%) multiparas. We found statistical difference between the number of cesarean section in deliveries with breech presentation both in group of primiparas and multiparas, the value of test of proportion was 1,75 ($p < 0,05$). Apgar score 8-10 was in 66 (55%) neonates of all cases born with cesarean section in primiparas versus in 38 (37,25%) in multiparas. In the neonates wich were born with vaginal delivery Apgar score 8-10 was 35 (29,16%) in primiparas versus in 31 (30,39%) in multiparas.

Conclusion: The cesarean section was the method of choice for termination of breech presentation pregnancies especially in group of primiparas.

FCP82**TERMINATION OF TWIN PREGNANCIES**

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Background: Twin pregnancy is determined as a development of two or more fetuses in one uterus. It is count as a high risk pregnancy, followed by numerous complications. Malpresentation of one or both fetuses implicates more frequent operative delivery. Aim of this study was to determine frequency of multiple pregnancy in Tuzla Canton, development and it outcome.

Methods: Out of 4480 deliveries during 2001 there were 59 twin pregnancies that we analyse. Control group was 100 deliveries of singleton pregnancies.

Results: out of 59 pregnant woman who delivered twins, 3,39% have 18 years or less, 77,97% were between 19 and 34, and 18,64% were older than 35. In control group 86% were in the age group between 18 and 34, and 14% were older than 34. There were 38,98% primipara, 55,93% multiparas and 5,08% pluri para in experimental group. In control group authors find 45% primiparas, 48% multiparas, and 7% pluri paras. There were 64,41% preterm deliveries, 35,59% at term in experimental group. In control group authors find 5% preterm, 93% term and 2% postterm deliveries. EPH gestosis authors find in 22,03% cases, and 10% in control group. In the experimental group authors find 10,17% cases of ablation of placenta, but in control group there were no such cases. Premature rupture of membranes authors find in 32,20% of cases and 28% in control group. There were 44,07% of malpresentation of one or both twins in experimental group only 4% in control group. The way of delivery was vaginal in 40,68%, vaginal operative in 8,47% and cesarean section in 50,84% of cases. In control group 87% was conduct vaginally, 1% operative vaginally, and 12% with cesarean section. Average body weight in the experimental group was 2099,57g and 3388,50g in control group. Average gestational age in the experimental group was 30 we-

eks of gestation and 38 weeks of gestation in control group.

Conclusion: According to data of this study, twin pregnancy carry greater risk of EPH gestosis, preterm delivery, ablation of placenta and malpresentation of fetuses and delivery of the neonates of low birth weight. Deliveries were more frequently conduct operatively. Consequence is higher morbidity of the mothers and neonates. Because of that we have to pay more attention to pregnancy and delivery which should be done in hospital surrounding.

FCP83

THE ROLE OF ANTENATAL CARE IN PREVENTION OF LOW BIRTH'S WEIGH NEONATE

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Background: It is clear that there exists an optimal range of size at birth, within which complications are rare. The incidence of morbidity and mortality increases when there is a deviation from this optimal range. The term low birth weigh (LBW) describes infants with a weigh of less than 2500g, regardless of gestational age. The aim of this study was to put in correlation LBW, way of delivery and outcome.

Methods: A retrospective study was performed entering 4480 newborns randomly selected from live births of Ob&Gyn Clinic of University Clinical Center Tuzla whom were delivered in one year, 2001. The data were obtained from clinical records.

Results: Among 4480 newborns low birth weigh was diagnosed in 218 (4.87%) of cases. Participation of primiparas, multiparas and pluriparas was approximately the same in both experimental and control group. We had higher frequency of older paras in experimental group (17.43% vs. 8.0%). In experimental group we had higher incidence of preterm labor and deliveries (69.27% vs. 6.0%). Incidence of low, very low and extremely low birth weight was 86.25%, 12.08% and 1.67% respectively. Time of first visit differ only in the group after 8 month of pregnancy 6.63% vs. 1.0%. Considering the number of visits during pregnancy we have difference in the groups with no visits, 23.73% in experimental group vs. 8.0% in control and in the group with four to seven visits, 30.51% in experimental vs. 48% in control group. We have lower APGAR scores in experimental group both in fist and fifth minute. Frequency of operative deliveries in examination group was 52.75%. Other significant risk factors were analyzed and we find following incidence: premature rupture of membranes in 49.08%, oligohydramnion in 1.38% and placental ablation in 4.59% of cases vs. 16%, 2.0% and 1.0% respectively in the control group.

Conclusion: This study reveals that preterm labor is the most important and significant risk factor for LBW. Antenatal care plays an important role in the incidence and outcome of this kind of pregnancies. With improvement of antenatal care we could expect decrease of incidence and better outcome.

FCP84

WOUNDING OF PREGNANT WOMEN: CASE REPORT

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In this work we present female patients W.A. 21 years old in her 7th month of pregnancy wounded during the war in Bosnia. Shel in wounded patient in her apartment and she was transported on Clinic in hard hemorrhagic shock with traumatic amputation of femur and three transclopetar wounds in lower abdomen. Urgent Cesaren section was done and finished amputation with ligature of arteria iliaca externa and sutures of bowel. Dead boy was extirped. According all operative measures during 5 hours of operative procedure, patient was died. Conclusion: In spite urgent surgical treatment, wounding of pregnant women in hard hemorrhagic shock is near to possibility of death.