

FCP97**BACTERIAL VAGINOSIS IN 20-28 WEEKS PREGNANCY AND RISK OF PRETERM BIRTH**

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In this prospective study we tried to determine whether there is an increased risk of preterm birth in pregnant with bacterial vaginosis. Pregnants complaining leucorrhoea were investigated at 20-28 weeks of gestations. Clinical examinations were done and gram stain and culture samples were taken from vaginal discharges. All cases were followed until birth. Delivery before 37 weeks accepted as preterm birth. In 178 pregnant there were 51 cases with bacterial vaginosis (28.65 %). In these cases 32 women had preterm birth (62.75 %). In the other 127 cases without bacterial vaginosis 29 pregnant women (22.83 %) had preterm delivery. In bacterial vaginosis group 11 cases (21.57 %) and in nonbacterial vaginosis group 24 cases (18.89 %) had urinary tract infections. In pregnant with bacterial vaginosis preterm birth was significantly higher than non bacterial vaginosis group ($p < 0.05$). We concluded that bacterial vaginosis was an important risk factor for preterm birth and should be investigated during pregnancy.

FCP98**ERYTHROPOIETIN PREVENTS ISCHEMIA-REPERFUSION INDUCED OXIDATIVE DAMAGE IN FETAL RAT BRAIN**

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Objective: The aim of this study was to show the effect of erythropoietin on ischemia-reperfusion induced oxidative damage in fetal rat brain.

Methods: Fetal brain ischemia was induced by clamping the utero-ovarian artery bilaterally for 20 minutes and reperfusion was achieved by removing the clamps for 30 minutes. In control group, non-injured 19 day pregnant rats were used. In ischemia-reperfusion group, no treatment was given. 0.4 ml of human serum albumin solution and 5000 U/kg recombinant human erythropoietin (r-Hu-EPO) were administered in vehicle and treatment groups 30 min. before ischemia-reperfusion injury. Lipid peroxidation in the brain tissue was determined as thiobarbituric acid reactive substances (TBARS) concentration for each fetal rat. The one-way analysis of variance and post-hoc test were used for statistical analysis.

Results: TBARS increased statistically significant levels in fetal rat brain after ischemia-reperfusion injury comparing to control group. Recombinant human erythropoietin prevented increase in TBARS in ischemia-reperfusion injury.

Conclusion: Recombinant human erythropoietin has been shown to have neuroprotective effect in intra-uterine ischemia-reperfusion induced fetal brain damage in rats.

FCP99**PREDICTION OF TERM BIRTH WEIGHT FROM MEASURABLE MATERNAL CHARACTERISTICS**

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Objective: Our aim was to determine the factors that could predict high birth weight based on possible maternal characteristics.

Methods: This retrospective case control study was performed in Baskent University Medical Faculty, De-

partment of Obstetrics and Gynecology. 180 patients who gave birth to babies heavier than 4000 g between January 2000- January 2002 were selected. 72 nonsmoking, nondiabetic women with uncomplicated gestations who had enough data were admitted to the study (Group I). Control group (Group II) included 76 patients with uncomplicated singleton pregnancies who had delivered babies <4000g between 37 and 42 weeks of gestation. Gestational age was confirmed by measuring crown rump length (CRL). Maternal weight, height, body mass index (BMI), parity, gestational age, 50 g oral glucose test value and second trimester maternal serum levels of alpha-fetoprotein (AFP), unconjugated estriol (uE3) and human chorionic gonadotropin (hCG) levels were compared in two groups. Univariate analysis was performed to detect parameters related with birth weights. Multiple linear regression analysis was used to detect independent risk factors to predict high fetal weight.

Results: A total of 1706 deliveries occurred during the study period. The rate of macrosomic deliveries was 11 % (n=180). The mean birth weight of the study and control groups was 4216±247 and 3254±327 g respectively (p<0.001). Serum AFP levels in the study group (0.95±0.30) was lower than control group (1.21±0.48) (p<0.001). Gestational age at delivery was higher in the study group (39.89±1.20) than the control group (38.94±1.34) (p<0.001). Maternal parity, weight and body mass index also were higher in the study group (p<0.001). Univariate and multiple linear regression analysis confirmed that gestational age and AFP levels were independent risk factors that could predict birth weight.

Conclusion: Gestational age and serum AFP levels are independent predictive risk factors for high birth weight.

FCP100

SUBAMNIOTIC HEMATOMA MIMICKING THE TUMOR OF FETAL MEMBRANES IN A MIDTRIMESTER TWIN PREGNANCY: A CASE REPORT

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Subamniotic hematoma formation is a pathophysiologic end point of placental abruption. Placental abruption itself usually happens in the third trimester, but it can take place any time after 20 weeks of gestation. We present a second trimester twin pregnancy admitted to our clinic with mild vaginal bleeding. Ultrasound examination revealed that two fetuses were alive and aged 23 and 24 weeks of gestation. A mass located on the fetal membranes separating the fetuses was observed to be freely floating by fetal movements. There was neither abdominal pain nor contractions on cardiotocography. Ultrasound examination and clinical evaluation made the hematoma diagnosis more unlikely since the hematomas are usually located by or under the placenta and adherent to decidual and myometrial structures and, clinical picture did not fulfil the placental abruption diagnostic criteria. The case was misdiagnosed as twin pregnancy complicated by a tumor of fetal membranes, another rare entity. But during clinical observation, uterine contractions and abdominal cramp like pain are developed, and pregnancy is terminated spontaneously by preterm labor. After the delivery of fetuses, placentas and fetal membranes expelled spontaneously. Gross and microscopic examination revealed that previously defined mass lesion was a subamniotic hematoma. We would like to stress that when a mass lesion located on or between the membranes is detected subamniotic hematoma should be kept in mind in differential diagnosis.

FCP101

FETAL-MATERNAL HEMORRHAGE AFTER AMNIOCENTESIS OR CORDOCENTESIS – IMPLICATIONS ON THE TREATMENT OF RH-ALLOIMMUNIZED PREGNANCY

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Objective: Amniocentesis and cordocentesis are invasive procedures used in prenatal diagnosis and treatment generally, including Rh-alloimmunized pregnancies. However, these methods can cause conside-