FCP162

DE NOVO DIAGNOSED ANTIPHOSPHOLIPID SYNDROME DUE TO SECOND TRIMESTER FETAL BRADYCARDIA

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Mothers known to have autoimmune diseases are at risk of delivering an affected infant with inborn defects such as congenital complete heart block, structural cardiac malformations. Antiphospholipid syndrome (APS) is an autoimmune disorder in which antiphospholipid antibodies (aPL) are thought to be involved in the development of venous and/or arterial thrombosis. Women with antiphospholipid antibodies have an unusually high proportion of pregnancy losses within the fetal period (10 or more weeks of gestation).

We report two cases of APS which are diagnosed in the second trimester, as a result of fetal bradycardia. Despite the patients had no symptoms related to systemic lupus erythematosus and even were not aware of their diseases, fetal bradycardia and the anamnesis of miscarriage seemed suggestive of circulating anticoagulants in maternal serum. Treatment was started with low molecular weight heparin, Nadroparine calcium (Fraxiparine flac.) 0.6 ml (15.000 ICU) / day and acetylsalicylic acid 80 mg/day. They both gave birth with cesarian sections to healthy babies at 35th and 37th week of gestations.

Fetal bradycardia appearing in the second trimester may be an indicator of antiphospholipid syndrome / circulating anticoagulants in maternal serum and deserves fetal-maternal investigation thus close monitorizing and treatment.

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SSK ANKARA DOĞUMEVİ VE KADIN HASTALIKLARI EĞİTİM HASTANESİ PERİNATOLOJİ KLİNİĞİ 2001 YILI AMNİYOSENTEZ SONUÇLARI

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Amaç: Bu çalışmada, hastanemizin Perinatoloji Kliniği'nde bir yıl içinde yapılmış toplam 340 amniyosentez olgusunun endikasyonları ve kromozom analizi sonuçlarının sunumu amaçlanmıştır.

Yöntem: Kliniğimizde, 2001 yılı içinde, 4-2 MHz konveks prob ile ATL HDI 3000 ultrason cihazı eşliğinde 20 Gauge iğne kullanılarak, toplam 340 gebeye amniyosentez yapılmış ve sıvı örnekleri genetik laboratuvarında çalışılmıştır.

Bulgular: Amniyosentez endikasyonları, 178 (%52) hastada üçlü testte artmış risk, 136 (%40) hastada ileri maternal yaş, 17 (%5) hastada anomalili bebek öyküsü, 7 (%2) hastada fetal anomali ve 2 (%1) hastada ailede anomalili bebek öyküsü varlığı idi. Üçlü testte artmış risk öyküsü olan 178 hastanın %3.37'sinde, ileri maternal yaşa bağlı 136 hastanın %2.94'ünde, fetal anomalisi olan 7 hastanın %14.29'unda anomali saptanmış, anomalili bebek öyküsü olan 17 hastanın ve ailede anomalili bebek öyküsü olan 2 hastanın hiçbirinde kromozomal anomali saptanmamıştır.

Sonuç: Risk grupları doğru belirlendiğinde, amniyosentez kromozomal anomali saptanmasında etkili bir yöntemdir.

FCP164

PREVALENCE OF LOW BIRTH WEIGHT IN BABOL, IRAN (1998)

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Objective: Low birth weight (LBW) is one of the main cause of neonatal mortality and morbidity. The prevalence of LBW differ in different countries. The objective of this study was to determine the preva-

lence of LBW in Babol Mazandran (a north state) IRAN 1998.
Methods: This research was designed for limite span of time (cross-sectional), 3695 cases of neonates from all deliveries of Babol were selected in firs 10 months of 1998. The data were collected by measuring the birth weight and interviewing the mothers, statistical analysis was done by SPSS soft ware.
Results: The ratio of LBW was 7.44%. 61.6% were preterm and 38.4% SGA. Birth weight of 244 (88%) were between 1500-2500gr, 19(6.9%) 1000-1499g, 6(2.8%) 750-999g and 6(2.8%) less than 750gr. 50% of neonates was born from first pregnancy. Age of 9.8% of mothers were less than 18 years old, 82% between 18-35 and 8.2% more than 35 years old.
Conclusion: Prenatal education and regular antenatal visit for detection and prevention of preterm labor reduce the prevalence of LBW in my country like to the developed countries.

FCP165

ANTENATAL DIAGNOSIS AND PROGNOSIS OF CONJOINED TWINS: CASE REPORT

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In this report, two conjoined twin cases that were diagnosed at 19 th and 25 th week of gestational age are reported. First case was made termination of pregnancy because of the very poor outcome. Second case continued to carry the pregnancy after given counselling for the possibility of successful separation procedure with good outcome after birth. The neonates were delivered at 38th weeks of gestation and had separation procedure at 10th month of age without any complication. In selected cases, there is no need to make abortion because of the possibility of successful separation procedure after birth with good prognosis. Colour Doppler ultrasound examination in early stage of pregnancy in conjoined twin can make it possible to decide which cases are candidate for successful separation procedure after birth.

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PRENATAL DIAGNOSIS AND MANAGEMENT OF THE ANEURYSM OF THE VEIN OF GALEN. A CASE REPORT

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Background: "Aneurysm of the vein of Galen" encompasses a range of different midline arteriovenous fistula malformations. Prenatal Doppler sonography may contribute to the differential diagnosis of fetal cystic lesions of various origins. We describe a case of aneurysm of the vein of Galen which was detected as a cerebral cystic lession prenatally. Diagnosis was incomplete as Doppler sonography has not been used.
Case Report: A cystic cerebral lession, dilated third ventricle and cardiomegaly were identified by ultrasonography in a fetus at 32 weeks gestation. A 4600g male infant was delivered at 41 weeks gestation with cesarean section because of cephalopelvic dysproportion. Cranial Doppler sonography revealed dilated third ventricle and aneurysm of the vein of Galen at the midline posterior to the third ventricle. Cranial magnetic resonance imaging showed severe neural parenchymal destruction in both hemispheres, additionally. Echocardiography revealed pathologies secondary to increased hemodynamic load. Postnatal management included transarterial embolization of the vessels feeding the aneurysm after angiography, by radiologists. The infant has grown appropiately at four months of age with no problems.
Conclusion: Prenatal diagnosis of aneurysm of the vein of Galen is possible with real-time ultrasonography, pulsed wave Doppler, color-velocity imaging and magnetic resonance imaging. Identification of this condition should prompt close follow-up of the pregnancy. Careful obstetric management and early postnatal intervention may lead to a favorable outcome. This case demonstrates that Doppler sonography is crucial for evaluation of fetal cystic lessions in the brain.
Key Words: Aneurysm of the vein of Galen, Prenatal diagnosis, Doppler sonography.