

who had delivered both pregnancies between January 2000 and June 2010. Group 1 consisted of patients with gestational diabetes and group 2 served as controls.

**Results:** There were 743 women, who underwent GDM screening using 50 g glucose challenge test (GCT). The recurrence of GDM was 42.1% in this group (16 out of 38). The remaining 705 patients were divided into the GDM group (n=38) and the control group (n=667). The 50-g GCT in the previous pregnancy ( $p=0.0001$ , 95% CI +0.01 to +0.002), age ( $p=0.009$ , 95% CI +0.001 to +0.009), and weight differences between the pregnancies at the first trimester ( $p=0.005$ , 95% CI +0.001 to +0.007) were independent parameters that were related to GDM.

**Conclusion:** The 50 g GCT results during the previous pregnancy was increased in the GDM group. It was also an independent risk factor for women without a history of GDM.

Ref. No: 28 e-Adres: <http://www.perinataldergi.com/20110191142>

### Isolated abnormal value on the 3-hour glucose tolerance test: which of them is related with macrosomia?

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**Aim:** The clinical significance of an isolated abnormal value on the 3 h-100 g oral glucose tolerance test (OGTT) remains unclear. The aim of this study is to evaluate retrospectively the obstetric outcome of patients with isolated one abnormal OGTT value according to the 1, 2, and 3 hours values.

**Materials and methods:** From January 2003 through June 2009, all consecutive pregnant women were screened for gestational diabetes. The OGTT results were interpreted according to the criteria of Carpenter and Coustan. Women with one abnormal value were grouped according to corresponding time of increased levels (Group 1: Serum glucose concentration  $> 180$  mg/dL at hour 1, Group 2: Serum glucose concentration  $> 155$  mg/dL at hour 2, and Group 3: Serum glucose concentration  $> 140$  mg/dL at hour 3). Three groups were compared for classical risk factors, fasting glucose levels in the first trimester, incidence of large for gestational age (LGA) baby and macrosomia, birth weight and birth week.

**Results:** There were 4930 women, who had undergone GDM screening with 50 g OGTT. Of these, 1275 women screened positive and subsequently underwent further diagnostic testing for GDM by 100 g-OGTT. 279 women had gestational diabetes (5.6 %), whereas 175 women had single abnormal value (3.5 %). Three groups were similar concerning age, parity, and gestational age in the first trimester. The incidence of family history was significantly higher in Group 1 (46.2 % for Group 1 and 23.7% for Group 2,  $p=0.007$ ). There were no significant differences among groups regarding the mean fasting blood glucose level at the first trimester, birth weight and birth week. The mean glucose levels were significantly higher at the time of 50 g OGTT in Group 1 ( $161.25 \pm 15.73$  for Group 1 and  $152.20 \pm 12.94$  for Group 2,  $p=0.011$ ). The incidence of LGA (3.8 % for Group 1, 20.3 % for Group 2, 13.2 % for Group 3,  $p=0.008$ ) and macrosomia (5.1 % for Group 1, 18.6 % for Group 2, 15.8 % for Group 3,  $p=0.039$ ) was significantly higher in Group 2.

**Conclusion:** Our results show that the implications of a single elevated glucose tolerance test value vary in relation to the timing of the abnormal value. Moreover, even relatively mild degrees of glucose intolerance at hour 2 might be associated with larger babies.

Ref. No: 29 e-Adres: <http://www.perinataldergi.com/20110191143>

### Fetal intarkraniyal galen ven anevrizması tanı ve takip: vaka sunumu

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**Amaç:** Prenatal dönemde saptanan bir Galen veni anevrizması olgusunun sunulması.

**Olgu:** Otuz yaşında 3. gebeliği olan ve ilk iki gebeliği normal doğum ile sonlanan gebe, 33. gebelik haftasında fetal merkezi sistem anomalisi ön tanısı ile kliniğimize sevk edildi. Gebenin yapılan ultrason incelemesinde fetal büyüme normal idi; kraniyumda aksiyal kesitte orta hatta boyutları  $13 \times 18$  mm olan ve renkli Doppler ile türbülant kan akımı gösteren kitle saptandı. Görüntülenen kistik lezyonun Galen veni anevrizması olduğu düşünüldü. Otuz yedinci gebelik haftasında kontraksiyonları başlayan gebeye sezar-