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?

Tayfun Çok, Ebru Tarım, Tayfun Bağış

Başkent University Faculty of Medicine, Department of Obstetrics and Gynecology, Adana

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 ±15.73 for Group 1 and 152.20± 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

Salih Burçin Kavak, Yakup Baykuş, Sami Güngör, Hüsnü Çelik

Fırat Üniversitesi Tıp Fakültesi Kadın Hastalıkları ve Doğum Anabilim Dalı, Elazığ

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 13x18 mm olan ve renkli Doppler ile türbülan kan akımı gösteren kitle saptandı. Görüntülenen kistik lezyonun Galen veni anevrizması olduğu düşünüldü. Otuz yedinci gebelik haftasında kontraksiyonları başlayan gebeye sezar-

yen uygulandı ve 3020 g ağırlığında, 43 cm boyunda normal Apgar skorlarına sahip kız bebek doğurtuldu. Bebek, takip amacı ile yeni doğan kliniğine yatırıldı. Yapılan manyetik rezonans görüntülemesi ile tanı doğrulandı.

Sonuç: Galen veni anevrizması merkezi sinir sisteminin kistik lezyonlarından olup, Doppler ultrasonografide intralezyoner türbülan kan akımının gösterilmesi prenatal tanı açısından önem taşımaktadır.

Ref. No: 31 *e-Adres: http://www.perinataldergi.com/20110191144*

Anemia status of pregnant women at the first antenatal examination

[1]İnan İlker Arıkan, [1]Aykut Barut, [2]Fatih Akça, [1]Müge Harma, [1]Mehmet İbrahim Harma, [1]Ülkü Özmen Bayar, [3]Şener Gezer

[1]Zonguldak Karaelmas University Faculty of Medicine, Department of Obstetrics and Gynecology, [2]Gökçebey State Hospital, [3]Zonguldak Women's Hospital, Zonguldak

Aim: The aim of the present study was to investigate the anemia status of pregnant women at the first antenatal examination.

Material and Method: 1876 pregnant women admitted to the antenatal outpatient clinic at Zonguldak Karaelmas University Hospital between October 2003-2008 were included in the present study. Demographic data and medical records of the patients were evaluated retrospectively. The results were expressed as mean ± standard deviation. Data comparison was performed using student's t-test. P values <0.05 were considered significant.

Results: A total of 1876 pregnant women, who were not using any multivitamin or iron supplements without any hematological disorders were analyzed. Hemoglobin (Hb) level was <11 g/dL in 263 (14%) of the women. Among these 263 anemic pregnant women, Hb level was <8 g/dL in 7 (2.6%) women, between 8-10 g/dL in 73 (27.7%) women, and between 10-11 g/dL in 183 (69.6%) women.

Conclusion: Anemia during pregnancy was relatively common in the studied population. This should be regarded as a public health problem and its contribution to maternal-perinatal morbidity and mortality should be taken into account.

Key words: Anemia, pregnancy, morbidity

Ref. No: 32 *e-Adres: http://www.perinataldergi.com/20110191145*

Prenatal diagnosıs and outcome of fetuses with complete atrioventricular septal defect (a single center experience)

Ramush Bejiqi, Ragip Retkoceri, Hana Bejiqi, Naim Zeka, Lindita Kryeziu

University Clinical Centre of Kosova Pediatric Clinic, Prishtina, Kosova

Introduction: Atrioventricular septal defect (AVSD) is the second most common congenital heart anomaly diagnosed in prenatal period and it is a strong echocardiographic marker of chromosomal abnormalities. In more than 50% of the cases, the anomaly is associated with chromosomal aberrations (ChA) and other intracardiac and extracardiac malformations, and their relation is important factor in continuing and outcome of pregnancy.

Objectives: The aim of this study is to evaluate fetuses with AVSD, ChA and presence of other malformations.

Methods: We analyzed retrospectively our database of examinations from 2001 to 2010 of fetuses where primary diagnosis was AVSD. We evaluated 28 fetuses, using Acuson Sequoia 256 and Acuson Aspen Advanced machine.

Results: Mean maternal age was 28 years, mean gestational age was 31 weeks; in 12 it was first pregnancy, in 6 second, in 7 third, while in 3 was fifth. In 14 fetuses ASVD was an isolated anomaly, 16 had chromosomal anomalies; all were trisomy 21, and among them 12 had extracardiac malformations. Nineteen of 28 patients had balanced AVSD, and 10 of them had chromosomal aberrations. Seven fetuses had cardiac abnormalities, 2 had aortic coarctation, and both died in utero, 2 had tetralogy of Fallot, 2 had muscular VSD while 1 had critical pulmonary stenosis; this child died in the neonatal period. Out of 28, 2 died in utero in 25 and 27 gestational weeks, respectively; one died in the neonatal period; 26 were live born where 12 were premature with low birth weight. Out of 12 children without chromosomal abnormalities, 4 had died in first year of life due to respiratory infections, while 8 other during the first two years of life were referred abroad for surgical intervention. Of 16 children with chromosomal abnormalities, 3 died in utero and in the neonatal period, 4 have been operated abroad, and others were on the waiting list for surgery.

Conclusion: Our experience with the antenatal diagnosis of AVSD verifies its strong association with trisomy 21 for the first time in a Kosovo population.