

**Olgu:** Obstetrik ultrasonografik değerlendirmede BPD ve FL'ye göre 30 haftalık gebelik saptanan olgunun umbilikal arter Doppler dalga incelemelerinde S/D 4.5, RI 0.78 ve PI 1.4; biyofizik profil skoru 6 ve kardiyotokografik değerlendirmesinde fetal distress saptanması üzerine sezaryen doğum ile, Apgar skorları 4 - 6, 1090 g ağırlığında makat geliş, canlı kız bebek doğurtuldu. Bebek, yenidoğan yoğun bakım servisinde takibe alındı. Postpartum dönemde annede baş ağrısı, baş dönmesi ve bulanık görme yakınmaları gelişmesi üzerine nöroloji konsültasyonu sonrası istenilen beyin difüzyon manyetik rezonans incelemesinde (MRI), posterior fossa sol serebellar hemisferde 10 mm ebatlı T1 ağırlıklı serilerde heterojen intensitede "T2 Flair" ağırlıklı serilerde hiperintens alanlar izlendiği rapor edilmesi üzerine sol serebellar bölgede akut infarkt tanısı konuldu. Hasta nöroloji bölümüne sevk edilerek, genç yaş inme etyolojisi açısından çeşitli biyokimyasal-hematolojik analiz ve radyolojik görüntüleme yöntemlerinden yararlandı. Karoti ve vertebral arter renkli Doppler ultrasonografisi, serebral arter ve venöz MR anjiyografisi, boyun MR anjiyografisi gibi çeşitli görüntüleme yöntemleri uygulandı. Nöroloji kliniğindeki yatışı sürecinde olgunun biyokimyasal analizlerinde saptanan hipertriglisemiye yönelik tedavi ve koagülasyon faktörleri ve tromboz paneli sonuçlarına ilişkin antiagregan tedavi gerçekleştirildi. Anne, nöroloji kliniğindeki yaklaşık bir aylık tıbbi tedavi sonrasında üç ay sonra kontrole gelmek üzere antiagregan tedavi verilerek şifa; bebeği ise yenidoğan merkezindeki tedavisi sonrasında 1530 g ağırlığa ulaşarak sağlıklı şekilde taburcu edildi.

**Sonuç:** Preeklampitik gebelerde postpartum dönemde sebat eden baş ağrısı, baş dönmesi ve bulanık görme gibi nörolojik şikâyetlerde beyin içi radyolojik görüntüleme önem taşıyabilir. Preeklampsi ile serebellum gibi atipik lokalizasyonlu intrakraniyal infarktların ilişkisine dair çalışmalara ihtiyaç duyulmaktadır.

**Anahtar kelimeler:** Gebelik, preeklampsi, serebellar infarkt, antiagregan tedavi

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### Effect of parity on first trimester uterine artery doppler flow velocity and waveforms

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**Objective:** To investigate the relationship between first trimester uterine artery Doppler findings, maternal age and parity in our pregnant population.

**Methods:** Uterine artery Doppler studies were performed in singleton pregnancies at 11-14 weeks of gestation. Cases with fetal chromosomal or structural abnormalities, concurrent maternal disease (e.g. chronic hypertension, renal disease, connective tissue disease) were excluded from the study. Maternal age, parity and smoking status of the mother were recorded. The presence of an early diastolic notch was recorded, the resistance index (RI) and pulsatility index (PI) measured. The lowest measurement of the indices was recorded; the means of PI and RI of the two vessels were calculated. Logistic regression analysis was performed to investigate the relationship between parity and the presence or absence of bilateral notches.

**Results:** 703 singleton pregnancies were examined. Of them 305 (43.4%) were nulliparous and 398 (56.6%) parous. The prevalence of the presence of bilateral notches was significantly higher in nulliparous women (64.6% vs. 77.0%,  $p=0.0005$ ). The differences between the Doppler indices were not significant. Demographic characteristics and uterine artery Doppler measurements of the two groups are presented in Table 1. Nulliparity (Odds ratio=1.55; 95%CI, 1.07-2.24) and maternal age (Odds ratio=0.95; 95%CI, 0.92-0.99) were shown to independent predictors for the presence of bilateral notches. In nulliparous women, mean and lowest levels of PI and RI or the prevalence of bilateral notches did not show any significant difference after the age of 30.

**Conclusion:** Maternal age and parity did not show any significant effect on the RI and PI. However, the prevalence of early diastolic notching in the uterine artery flow waveforms was significantly higher in nulliparous women. These findings suggest that a successful pregnancy may alter the impedance in subsequent pregnancies at first trimester.

**Key words:** First trimester, uterine artery Doppler, parity

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### The effect of parity on second trimester uterine artery doppler findings in complicated pregnancies

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**Objective:** To investigate the relationship between second-trimester uterine artery Doppler findings and parity in pregnancies with pregnancy-induced hypertension (PIH) and/or small for gestational age (SGA) babies.

**Methods:** Uterine artery Doppler studies were performed in singleton pregnancies at 20-26 weeks of gestation. The mean uterine artery resistance index and the presence or absence of early diastolic notches was recorded. Diastolic blood pressure >90mmHg after the 20th week of gestation in a previous normotensive women was defined as PIH, and SGA was defined as a birth weight below the 10th centile.

**Results:** 288 complicated pregnancies, including 119 cases of PIH were evaluated. Of them, 152 (52.8%) were nulliparous and 136 (47.2%) multiparous. Twenty-nine of the cases (10%) delivered before 34 weeks of gestation. The prevalence of the cases with bilateral notches was significantly higher in of nulliparous women (59.9% vs. 40.4%,  $p=0.0015$ ). Mean RI measurement was higher in multiparous women (0.58 vs. 0.61,  $p=0.01$ ). In women with PIH, the percentage of bilateral notches was also higher in nulliparous women (65.6% vs. 43.6%,  $p=0.026$ ). Mean level of RI was higher in multiparous group (0.58 vs. 0.62,  $p=0.049$ ). In pregnancies with early preterm delivery, mean RI level did not significantly differ between multiparous and nulliparous women ( $0.68\pm 0.08$  vs.  $0.65\pm 0.11$ ,  $p=0.411$ ).

**Conclusion:** The results of our study indicate that in cases with impaired placentation nulliparous women with a higher prevalence of bilateral notches have lower levels of RI. Nevertheless, in cases with early onset of the disease, RI levels were comparable in multiparous and nulliparous women. Analysis of different patterns of Doppler findings in complicated pregnancies may clarify the pathogenesis. Further studies are needed to improve the uterine artery Doppler screening program.

**Key words:** Uterine artery Doppler, complicated pregnancies, second trimester

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### Analysis of the relationship between maternal second trimester afp, hcg, estriol levels and abnormal uterine artery Doppler findings in the prediction of pregnancy induced hypertension

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**Objective:** The aim of this study was to evaluate the relationship between triple test markers, uterine artery Doppler findings and pregnancy induced hypertension (PIH).

**Material and methods:** Maternal serum alpha-fetoprotein (AFP), human chorionic gonadotropin (HCG) and estriol (E3) were evaluated in the screening program for Down syndrome in 829 pregnant women. Uterine artery Doppler studies were performed at 20-26. weeks of gestation. The mean uterine artery resistance index and the presence or absence of early diastolic notches was recorded. Diastolic blood pressure >90 mmHg after the 20th week of gestation in a previous normotensive women was defined as PIH.

**Results:** PIH developed in 71 women (8.6%). Maternal AFP (1.05 vs. 0.94 MoM,  $p=0.03$ ) and HCG (1.32 vs. 1.15 MoM,  $p=0.036$ ) levels were significantly higher in the PIH group. Mean levels of PI, RI and the prevalence of bilateral notches were significantly higher in cases with PIH. In 212 (25%) of the cases bilateral early diastolic notching (BLN+) was present. Mean AFP level in cases with bilateral notches was significantly higher than in cases with absent or unilateral notches (1.03 vs. 0.92 and 0.93 MoM,  $p=0.005$ ). Maternal serum level of AFP (AUC 0.63,  $p=0.0055$ ) was effective in the prediction of PIH in cases with BLN+. Serum level of HCG (AUC 0.54,  $p=0.45$ ) and E3 (AUC 0.5,  $p=0.97$ ) were not effective. Using a cut off value of > 0.98 MoM, we could detect cases with PIH with a sensitivity of 65% and specificity 63%.

**Conclusion:** High maternal AFP, HCG levels, and abnormal uterine artery Doppler findings at second trimester are related with PIH. Maternal AFP level is higher in cases with bilateral notches. In cases with bilateral notches, high levels of maternal serum AFP may be additive for the prediction of PIH.

**Key words:** Uterine artery Doppler, pregnancy-induced hypertension

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### Glob vezikal ve uterus torsiyonu saptanan grandmultipar olgunun acil sezaryenle doğumu

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**Amaç:** Doğum eyleminde uzamış ikinci evreye ikincil glob vezikal ve uterin torsiyonu gelişiminin tartışılması