

talık takibe alındı. İki hafta sonra aşırı fetal göğüs hareketleri izlendi. Son takipte 120 kg ve 160/100 mmHg tansiyonu olan anne 38w4d iken eski seksiyo nedeniyle sezaryene alındı, 2715 g, 10-10 APGAR'lı kız bebek doğurtuldu. Umbilikal kordonda iki gerçek düğüm olduğu görüldü. Postpartum fetal ve maternal bir komplikasyon izlenmedi, şifa ile taburcu edildi. **Olgu 2:** FB 36 y G2P1Y1, IVF gebeliği olan olgu, 18. gebelik haftasında gelişme geriliği ve oligohidramniyoz nedeniyle başvurdu. Yapılan ultrason muayenesinde; simetrik gelişme geriliği, kalpte atrial genişlik, hiperekojenik barsak ve oligohidramniyoz saptandı. Hastaya amniyosentez yapıldı, normal karyotip bulundu. Gebeliğin 24. haftasında amniyotik sıvının normalleştiği, baş ölçümlerinin normal persantile yükseldiği diğer fetal biyometrilerin <%1 persantilin altında seyrettiği ve asimetrik bir gelişme gösterdiği izlendi. İki haftada bir takip edilen olgu 36. aftaya kadar aynı paralellikte seyretti ve Doppler ultrasonunda patoloji saptanamadı. Son 38. haftadaki muayenesinde fetüsün eks olduğu saptandı. Eski seksiyo nedeniyle sezaryene alındı, 2055 g 0/0 APGAR'lı erkek bebek doğurtuldu, fetal umbilikal kordonda iki kez gerçek düğüm olduğu saptandı. Fetal anatomik anomali izlenmedi.

**Sonuç:** Asimetrik gelişme geriliği, oligohidramniyoz, kalpte ASD görünümü veren, Doppler ultrasonografide patoloji saptanamayan olgularda gerçek umbilikal kord düğümü düşünülmelidir ve fetüs viabilite kazandıktan sonra yakın takibe alınmalı, 34. gebelik haftasından sonra hospitalize edilmeli ve erken doğum düşünülmelidir.

## PB-112

### Predictive role of the neutrophil to lymphocyte ratio and platelet to lymphocyte ratio for diagnosis of acute appendicitis during pregnancy

Fatih Mehmet Yazar<sup>1</sup>, Murat Bakacak<sup>1</sup>, Arif Emre<sup>1</sup>, Aykut Urfalıoğlu<sup>1</sup>, Salih Serin<sup>2</sup>, Emrah Cengiz<sup>1</sup>, Ertan Bülbüloğlu<sup>1</sup>

<sup>1</sup>Kabramanmaraş Sütçü İmam Üniversitesi Tıp Fakültesi, Kabramanmaraş; <sup>2</sup>Tatvan Devlet Hastanesi, Bitlis

**Objective:** Acute appendicitis (AA), a leading pathology requiring surgery in the pregnancy period is an inflammatory condition with difficulties in diagnosis. There are studies in the literature reporting that Neutrophil to lymphocyte ratio (NLR) and platelet to lymphocyte ratio (PLR) are early markers of local or systemic inflammation. Objective of this study was to evaluate predictive affects of NLR and PLR in addition to the conventional diagnostic methods in acute appendicitis.

**Methods:** In this study; age, gestational age, lymphocyte number, Alvarado scores (AS), levels of C-reactive protein,

NLR and PLR values were studied in 28 patients operated due to AA (Appendectomy Group), 35 patients hospitalized with the suspicion of AA and considered not to have appendicitis in the follow-up (Expectant Group), 29 healthy pregnant (Healthy Pregnant Control Group) and 30 non-pregnant healthy patients (Healthy Women Control group).

**Results:** Mean WBC count and CRP level were higher in the Appendectomy than in the control group ( $p<0.05$  and  $p<0.05$ ; respectively). Similarly median NLR and PLR levels were found to be statistically significantly different in the appendectomy group compared to all of the other groups ( $p<0.05$  and  $p<0.05$ ; respectively). Cut-off values were calculated with ROC analysis for WBC count (13880,  $p=0.030$ ), CRP (10.1,  $p<0.001$ ), lymphocyte count (1.54,  $p<0.001$ ), NLR (6.84,  $p<0.001$ ) and PLR (121.78,  $p<0.001$ ). When WBC count, CRP, lymphocyte count, NLR and PLR were assessed with Multiple Logistic Regression analysis, it was found that accurate diagnosis of AA could be established with the combined use of these variable parameters with 90.5% accuracy.

**Conclusion:** In addition to the routine diagnostic methods, NLR and PLR could increase the accuracy in diagnosis of appendicitis in pregnant.

## PB-113

### Comparison of vitamin D levels in cases with preeclampsia, eclampsia and healthy pregnant women

Murat Bakacak<sup>1</sup>, Salih Serin<sup>2</sup>, Önder Ercan<sup>1</sup>, Bülent Köstü<sup>1</sup>, Fazıl Avcı<sup>3</sup>, Metin Kılınç<sup>1</sup>, Hakan Kıran<sup>1</sup>, Gürkan Kıran<sup>1</sup>

<sup>1</sup>Kabramanmaraş Sütçü İmam Üniversitesi Tıp Fakültesi, Kabramanmaraş; <sup>2</sup>Tatvan Devlet Hastanesi, Bitlis;

<sup>3</sup>Patnos Devlet Hastanesi, Ağrı

**Objective:** To assess vitamin D levels in eclampsia, preeclampsia and healthy pregnant women and the role of vitamin D deficiency in the etiology of preeclampsia (PE).

**Methods:** Forty healthy pregnant women, 83 preeclamptic and 42 eclamptic pregnant women were included. Maternal and infant medical records were reviewed. Blood samples were obtained from all groups. Demographics and serum vitamin D levels were compared between the groups.

**Results:** No statistical differences were observed in age, gravidity, parity, weight, height and BMI between the three groups. Week of pregnancy and weight at birth in eclamptic and preeclamptic patients were lower compared to the healthy patients ( $p<0.001$  and  $p<0.001$ , respectively). Systolic and diastolic blood pressures were higher in eclamptic ( $p<0.001$ ) and preeclamptic patients ( $p<0.001$ ) compared to the healthy pregnant group. The rate of cesarean section was