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THE IMPACT OF LOW-DOSE ASPIRIN THERAPY ON UMBILICAL AND MIDDLE CEREBRAL ARTERY BLOOD FLOW IN PREGNANCY COMPLICATED BY INTRAUTERINE GROWTH RESTRICTION

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Aim: Intrauterine growth restriction and its treatment still constitute a major clinical problem in perinatology. Since low doses of aspirin may improve the utero-placental circulation (by shifting the prostacyclin/tromboxan A₂ balance), we have evaluated the impact of low-dose aspirin treatment of IUGR during pregnancy on umbilical (UA) and middle cerebral artery (MCA) blood flow.

Material - Methods: The study group comprised 25 pregnant women with fetal intrauterine growth restriction (IUGR) diagnosed during pregnancy on the basis of ultrasound examination of biometric parameters (BPD, AC, FL). All the patients were treated only by low-dose aspirin (75-100 mg) for 10 days. The following examinations were performed before and after treatment: fetal biometry and calculation of blood flow indices in the umbilical and middle cerebral artery (S/D, RI, PI), together with selected maternal blood clotting parameters (bleeding time, clotting time, fibrinogen, platelets, APTT).

Results: Mean values of all biometric parameters of the fetuses measured before and after treatment did not show statistically important differences except AC ($p < 0.1$). Umbilical artery blood flow indices calculated after the treatment were slightly lower and MCA indices slightly higher, as compared to those before the treatment. Cerebro-placental ratio changed from 1.30 to 1.50 (borderline significance). The low-dose aspirin treatment did not produce any adverse effects neither among mothers nor infants.

Conclusions:

1. IUGR treatment by low-dose aspirin had beneficial but non-significant impact on umbilical and middle cerebral artery blood flow.
2. Since the number of subjects in this study was relatively small, further clinical studies are necessary to evaluate the effectiveness of IUGR treatment by low-dose aspirin.
3. Low-dose aspirin therapy in pregnant women did not produce any side effects for mothers or fetuses.

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THE VANISHING TWIN

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Women with twin pregnancies have some unique problems and some that occur more frequently than those seen in singleton pregnancies. Examples of the former are the 'vanishing' twin and death of one fetus. With the advent of sonography, a twin pregnancy may be diagnosed in early gestation. Serial sonographic examinations can show the disappearance of one of two twins.

A 30-year-old multipara, who had 7 weeks 2 days gestation according to last menses period, was admitted to our department for routine sonographic examination. She had previous 3 healthy term pregnancies but there were no history of curettage and abortion before. We observed twin pregnancies in woman, who had their ultrasound examination at the 8th week of pregnancy. Positive heartbeat and yolk sac were registered in both embryos. When a further sonographic examination took place at the 11th week for nuchal translucency, intrauterine death of one of the embryos was observed. Pregnancy continued as singleton pregnancy to uneventful term deliveries. After singleton term delivery a thickening of the membranes opposite to the main placenta showed degenerated chorionic villi embedded between one layer of amnion and chorion; no fetal parts were observed.