

FCP55**THE EFFECT OF DIFFERENT IRON SUPPLEMENTS ON BLOOD PARAMETERS IN PREGNANCY POPULATION LIVING AT 1869 M ALTITUDE**

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Aim: The aim of this study was to determine the effect of different iron supplements on Hb, hematocrit, erythrocytes indices and the other parameters in pregnancy population living at 1869 m altitude.

Materials - Methods: 153 women between 18th and 23rd week of pregnancy were randomly divided into four groups. Women in the first, second and third groups were administered orally once per day: the preparation multivitamin; (=60 mg ferrous, 0.8 mg folic acide, 125 mg calcium, 100 mg magnesium, 100 mg vitamine-C); Fe+3 (Ferro III hydroxyde polymaltose 100 mg+0.35 mg folic acide); Fe+2 (ferroglycin sulphate 225 mg) respectively. Women in the fourth group, control group, did not receive any medication. The results were compared in the groups (variance analysis with repeated measure) and inter groups (Anova).

Results: Means Hb levels of 153 pregnant women before treatment was 12.47 ± 1.2 (9.4-16.4) g/dl. Hb levels of 17 (%11.11) pregnant women were lower than 11 g/dl. In postpartal period, Hb concentration was significantly higher in the first and third group than basal levels [$p < 0.001$ (1.group), $p < 0.001$ (3.group)]. Hb concentration in postpartal period was lower in the second and fourth group than basal levels in period before treatment [$p < 0.001$ (2.group), $p < 0.001$ (4.group)]. After delivery, concentrations of Hb were higher in the supplemented groups than control group [$p < 0.001$ (1-4.groups), $p = 0.04$ (2-4.groups), $p < 0.001$ (3-4.groups)]. Serum iron level was lower in the between 36 and 40.week of pregnancy than basal levels, in every four groups [$p < 0.001$ (1.group), $p < 0.001$ (2.group), $p < 0.001$ (3.group), $p < 0.001$ (4.group)]. But in postpartal period, serum iron levels in supplemented groups were higher than between 36-40.weeks [$p = 0.03$ (1.group), $p < 0.001$ (2.group), $p = 0.02$ (3.group)]. After delivery, serum iron levels in supplemented groups were higher than in control group [$p < 0.001$ (1-4.groups), $p < 0.001$ (2-4.groups), $p < 0.001$ (3-4.groups)]. Serum ferritin level was higher in the first and third group than in control group [$p = 0.002$ (1-4.groups), $p = 0.003$ (3-4.groups)], and it was not significant difference between 2 and 4.groups ($p > 0.05$), in postpartal period.

Conclusion: After delivery, all hematological indices in supplemented groups were better than in control group. This, pregnant women need iron supplementation during pregnancy. On account of all hematological indices, there was no significant difference between the first group receiving multivitamine and other two groups receiving iron (2. and 3.groups). Ferrous sulphate and multivitamine+Fe are the better supplementation regimen in pregnancy.

FCP56**MODIFICATION OF AN OLD TECHNIQUE CAN RESULT IN FAVORABLE OUTCOME: EPCURA**

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Objective: The aim of the study is to compare the characteristics of patients and neonatal outcomes of deliveries with transperitoneal versus extraperitoneal cesarean section under regional anesthesia (EPCURA).

Materials and Methods: 179 cesarean section deliveries under regional anesthesia via transperitoneal and extraperitoneal technique in Osmangazi University School of Medicine Department of Obstetrics and Gynecology from May 1996 were evaluated retrospectively in terms of characteristics of patients and neonatal outcomes. Statistical analysis was performed with use of student-t test.

Results: Age, parity, duration of pregnancy and indications for cesarean section were similar between two groups. The most common indication was cephalopelvic disproportion in both groups. Mean first minute and fifth minute apgar scores for transperitoneal group were 8.66, 9.72 and for extraperitoneal group

they were 8.71, 9.71, respectively ($p>0.05$). Mean birth weights were 3418 gr for transperitoneal and 3453 gr for extraperitoneal group ($p>0.05$). The only surgical complication for extraperitoneal technique was one case of urinary bladder laceration which was corrected without any problem.

Conclusion: Although extraperitoneal cesarean section is an old technique, use of it under regional anesthesia in proper cases result in good neonatal outcome and favorable maternal morbidity.

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ABRUPTIO PLACENTAE AND SEPSIS WITH DISSEMINATED INTRAVASCULAR COAGULOPATHY IN THE SECOND TRIMESTER OF PREGNANCY

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Disseminated intravascular coagulopathy (DIC) is an uncommon but serious complication of pregnancy. Causes of DIC in pregnancy include abruptio placentae, intrauterine fetal death, sepsis, amniotic fluid embolism, preeclampsia, eclampsia, induced abortion, and massive hemorrhage. DIC can occur at any time during the pregnancy but more often is seen in the third trimester of gestation.

We report a case of DIC on the 19th weeks of gestation caused by placental abruption and sepsis who had one previous delivery with cesarian section. The fetus was alive. But persistent heavy vaginal bleeding with the onset of uterine contractions necessitated urgent termination of pregnancy. Hysterotomy was inevitable, since the attempt inducing abortion with vaginal misoprostol failed and heavy vaginal bleeding continued. The patient made good progress and was discharged on the 6th day of operation. Maternal recovery is the rule with prompt and adequate treatment but fetal death is common. Therapy includes treating the underlying cause, maintenance of blood volume, replacement of depleted clotting factors, and often delivery of the fetus and placenta. DIC is seen more often in the third trimester of pregnancy and there are few cases in the literature, about midtrimester abruptio placentae and DIC that finalized with fetal survival. The patients had been observed with cautious conservative management as long as the fetus was alive. In our case, termination of pregnancy was inevitable for maternal well-being.

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EVALUATION OF THE CESAREAN SECTION CASES

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Objectives: It is aimed to evaluate the cesarean section ratios, indications, parities, sex, birth weight and Apgar scores of the newborns, and the maternal and fetal mortalities in our clinic.

Materials- Methods: From 11780 cases of deliveries performed in 8.5 years in 3rd Obstetrics and Gynecology Department, 2009 cesarean section cases were evaluated retrospectively.

Results: The cesarean section ratio was determined as 17.1 %. This ratio was 12.0 % in 1994, 21.35 % in 2001 and 23.8 % in the first six months period of 2002. We found that, 47.8 % of the cases were between 25-35 ages. Primary cesarean section ratio of the cases was 71.3 % and repeat cesarean section ratio was 28.7 %. When the indications of the cesarean sections were reviewed, 25.3 % were found to be repeat cesarean sections, 22.7 % were fetal distress, 12.1 % were CPD, and 11.4 % were presentation anomalies. 47.9 % of the babies were female, 52.1 % were male. Within the babies who had fetal distress, male sex was significantly high ($p < 0.001$). In 9.2 % of the babies 1' Apgar scores, and in 10.7 % of the babies 5' Apgar scores were ≤ 6 . Birth weights of the babies were <2500 grams in 20.0 % of the cases, ≥ 4000 grams in 11.0 % of the cases and between 2500-3999 grams in 69.0 % of the cases. The stillbirth ratio was 3.52 % (n:73). Apgar scores were 0 at 5' minute in 3.76 % (n:78) of the cases. Fetal mortality was mostly seen in abruptio placenta and placenta previa cases (n:69).

Conclusions: It is seen that, cesarean section ratios increased in years. Although our hospital is a reference hospital and this leads to an increase in the cesarean section ratios, the ratio was 23.8 % in the last