

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.

FCP57

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.

FCP58

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

6 months period, when the biggest increase was seen. But nowadays cesarean section ratios increase, as *cesarean sections are preferred in private hospitals. When the complications and the obligation of the following deliveries to be cesarean section are concerned, it is seen that their pregnancy and labor chances decrease. When our country's socioeconomic status is concerned, it is obviously seen that cesarean section ratios should be decreased because of their economic cost.*

FCP59

EVALUATION OF THYROID FUNCTION CHANGES IN SPONTANEOUS ABORTION

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Objectives: In this study we aimed to research thyroid functions in healthy gravidas up to 20th Gestational age in cases which resulted by spontaneous abortion and to compare the relation of thyroid hormone concentration with spontaneous abortion.

Material - Methods: This research was performed in Sisli Etfal Training and Research Hospital 3rd Obstetrics and Gynecology Department between March 2000 and August 2001. Thyroid functions of 40 gravidas whose gestations were normal until 6.-20th gestational weeks and 60 cases whose gestation resulted in spontaneous abortion were compared. Detailed history of patient of all gravidas was taken; systemic physical examinations and thyroid gland examinations were completed. Hemoglobine, hematocrite, blood group types, Total T3 (Triiodothyronine), Total T4 (Thyroxine), Free T3, Free T4, TSH (Thyroid Stimulating Hormone) levels were determined.

Results: 100 cases were included in the study. Thyroid function tests of spontaneous abortion group (60/100) and the control group whose gestations were normal (40/100), were compared. Total T3, Total T4, Free T3, Free T4 levels were lower in the spontaneous abortion group and this was statistically significant ($p < 0.001$). TSH levels were found to be high and it was statistically significant ($p < 0.01$).

Conclusions: Disorders in thyroid functions have an important place in spontaneous abortion reasons. Examinations carried out carefully and detailed laboratory tests (TSH, Free and total thyroid hormones) of gravidas who have symptoms and signs of thyroid function defects, should be performed cases whose thyroid function defects are proved should be treated and followed as euthyroid for better maternal and fetal results

FCP60

SECOND-TRIMESTER GENETIC AMNIOCENTESIS : DOES IT WORTH ? FIVE YEAR EXPERIENCE

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Objective: The purpose of this study is to evaluate the data related to the genetic amniocentesis performed in a single university hospital.

Methods: Medical records were used to analyze indications of amniocentesis, the results of chromosome analysis, complications and pregnancy outcomes from 1998 through 2002. Anomaly screening and triple screen were performed to all of these patients attending to our Obstetrics and Gynecology Department between 16 and 20 weeks of pregnancy. Patients were referred to second-trimester genetic amniocentesis in cases of advanced maternal age, suspicion of a genetic abnormality on ultrasound or abnormal triple screen result. All of the second-trimester genetic amniocentesis were performed by a group of general obstetricians-gynecologists.

Results: Totally 2686 patients attended to our department between 16-20 weeks of pregnancy during the index period. 159 patients were suggested genetic amniocentesis due to advanced maternal age, suspicion of genetic abnormality on ultrasound or abnormal triple screen. A total of 131 genetic amniocentesis were performed. The indications were advanced maternal age in 24, suspicion of genetic abnormality on ultrasound in 15, history of siblings with Down syndrome in 2 and abnormal triple screen in 90