

FCP73

THE IMPORTANCE OF MATERNAL SERUM INTERLEUKIN-6 CONCENTRATIONS IN DIAGNOSIS OF SUBCLINICAL INTRAUTERINE INFECTIONS IN PREGNANT WOMEN WITH PRETERM LABOR

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Aim: to investigate the clinical importance of maternal serum interleukin-6 (il-6) measurements for diagnosis of asymptomatic intrauterine infection in women with preterm delivery.

Methods: maternal serum il-6 concentrations have been measured in 61 pregnant women between 22. - 34. Weeks of gestation. 39 were in preterm labor; 22 were in the control group. The placentas of 18 women who delivered in one week where tocolyses was not successful were sent to pathological analysis to investigate histological chorioamnionitis signs.

Results: average maternal serum il-6 concentrations of the group 1 with positive histochorioamnionitis and failing tocolyses who delivered in one week had been found significantly higher than in group 2 with successful tocolyses and positive histochorioamnionitis and in group 3 with failing tocolyses, who delivered in one week but had no signs of histochorioamnionitis (15 pg/ml versus 2.88 pg/ml and 6.40 pg/ml). In order to predict preterm labor and histological chorioamnionitis during delivery, optimum sensitivity and specificity values of maternal serum il-6 concentrations have been found 5.9 pg/ml and above.

Discussion: it has been seen that maternal serum il-6 concentrations of pregnant women with preterm labor associated with intrauterine infections were very high. The measurement of this cytokine may be beneficial for diagnosis and treatment of pregnant women who are high at preterm labor risks.

FCP74

UTERINE RUPTURE ASSOCIATED WITH MISOPROSTOL LABOR INDUCTION IN WOMEN WITH PREVIOUS CESAREAN DELIVERY

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Objective: To review our experience with uterine rupture in patients undergoing a trial of labor with a history of previous cesarean delivery in which labor was induced with misoprostol.

Methods: A retrospective chart review was used to select patients who underwent induction of labor with misoprostol during the period from February 1999 to June 2002. Women with a history of cesarean delivery were retrospectively compared with those without uterine scarring. Criteria for patients receiving misoprostol included intrauterine fetal death and a Bishop score <6. Unexplained vaginal bleeding, history of prior classic cesarean delivery or major uterine surgery, and fetal malpresentation were the exclusion criteria. Fifty micrograms of misoprostol was placed in the posterior vaginal fornix. If after 4 hours the patient still met the inclusion criteria, second dose of vaginal misoprostol was given. An oral dose of 100 µg was repeated every four hours for a total of six doses.

Results: Uterine rupture occurred in 4 of 41 patients with previous cesarean delivery who had labor induced with misoprostol. The rate of uterine rupture (9.7%) was significantly higher in patients with a previous cesarean delivery ($p < .001$). No uterine rupture occurred in patients without uterine scarring. Women with a history of cesarean delivery were more likely to have oxytocin augmentation than those without uterine scarring (41% vs 20%; $p = .037$).

Conclusion: Misoprostol induction of labor increases the risk of uterine rupture in women with a history of cesarean delivery.