

Conclusion: Acheria is a rare anomaly, but should be kept in mind. The absence of a part of the extremity can easily be overlooked in the routine ultrasound examination. The visualization of whole extremities even in low-risk pregnancies should be considered.

Key words: Acheria, extremity abnormality, transverse limb deficiency

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Transient hydrops fetalis: can it be a sign for pentasomy X?

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Objective: Sex chromosomal numerical abnormalities are seen in approximately 1 out of 400 live births. However, pentasomy X is a very rare chromosomal abnormality, and it is defined by the presence of five X chromosomes instead of two. Prenatal sonographic features have rarely been described in the literature.

Case: Here we present a case of non-immune fetal hydrops at 17th weeks of gestation. Ultrasonographic examination revealed subcutaneous edema, pleural effusion and ascites in the fetus; clinodactyly of fifth finger of both hands was also present. Nuchal fold was measured as 8.1 mm. Fetal echocardiography was normal. Amniocentesis result was Pentasomy X, and hydropic signs regressed at 21 weeks of gestation.

Conclusion: The present case reveals that temporary hydrops of the fetus may be a sign of pentasomy X.

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Delayed interval delivery in twin pregnancy: a case report

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Objective: Our aim is to report a case of twin pregnancy in which delivery of the twins were delayed 49 days without any conservative treatment.

Case: A 25-year-old nulliparous infertile woman, who was diagnosed as having dichorionic-diamniotic twins, was admitted to the hospital with immediate threatened abortion and preterm premature rupture of the membranes at 17 weeks' gestation. After a few hours of her admission, she miscarried her first baby.

She was followed expectantly with bed rest and antibiotics for three days and then discharged from the hospital without any treatment upon her request. Forty-nine days after the miscarriage, she was admitted to the hospital again with vaginal bleeding and delivered the second baby at 25 weeks' gestation. It was discovered that she was on her daily activities and received no specific conservative treatment, including bed rest during this time interval.

Conclusion: The time interval between the deliveries of the twins in this case is similar to those in the literature that received treatment. However, expected management should only be reserved as an option in selected cases.

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Normal vajinal yol ve sezaryen ile doğum yapan kadınlarda peripartum hemoglobin düşüşünün karşılaştırılması

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Amaç: Obstetrik kanama hem gelişmiş ülkelerde hem de gelişmekte olan ülkelerde maternal mortalite ve morbiditenin en önemli nedenlerinden birisidir. Biz bu çalışmada epizyotomi uygulanmayan, epizyotomi uygulanan ve sezaryen ile doğumu gerçekleştirilen kadınlarda prepartum ve postpartum dönemdeki hemoglobin düşüşünü karşılaştırmayı amaçladık.

Yöntem: Çalışmaya 1 Eylül 2009- 31 Aralık 2010 tarihleri arasında Taksim Eğitim ve Araştırma Hastanesi Kadın Hastalıkları ve Doğum Kliniği'nde doğumunu yapmış olan 480 gebe alındı. Bu gebelerin 160'ı epizyotomisiz normal doğumla, 160'ı medyolateral epizyotomili normal doğumla ve 160'ı da sezaryen ile doğurtulmuştu. Gebelerin prepartum ve postpartum hemoglobin değerleri kaydedildi ve hemoglobin düşüşleri hesaplandı.

Bulgular: Çalışmaya alınan 480 gebenin ortalama yaşı 27.2 yıldır. Gebelerin 122'si primipar, 358'i ise multipardır. Gebelerin prepartum hemoglobinleri açısından 3 grup arasında anlamlı fark mevcut değildir ($p>0.05$). Hemoglobin düşüşü epizyotomisiz doğumda ortalama 0.49 mg/dL, medyolateral epizyotomi grubunda 0.65 mg/dL, sezaryen grubunda ise 1.38 mg/dL olarak bulundu ($p=0.0001$). Toplam 30 kadına kan transfüzyonu yapıldı (% 6.25). Bunların 3'ü epizyotomisiz normal doğum grubunda, 7'si epizyotomili