

risk of adverse pregnancy outcome, particularly if the ratio of the weight of the acardiac twin to the pump twin exceeded 70%. In some cases a single umbilical artery or chromosomal anomaly in the acardiac twin may be present.

Case: We report acardiac twinning in a 12 weeks of multiple pregnancy. No fetal heart beat was recognized in one of the fetuses in a monochorionic diamniotic twin pregnancy. Absence of upper extremities and a small calvarium-like structure covered with massive edema in the same fetus provided the diagnosis. Termination of pregnancy was not approved by the patient. She is still under control for probable complications of this uncommon malformation of multiple gestation.

Conclusion: The diagnosis of acardius in multiple pregnancy with no fetal heart tone must be ruled out in every case so that proper counselling, management and avoidance of complications can be achieved. Elective termination, observation, (USG and cardiotocography), nonsurgical intervention for cardiac failure (Digoxin therapy), laser coagulation of the umbilical cord of acardiac fetus under sonoendoscopic control are presented to be therapeutic choices. Percutaneous umbilical cord ligation is another approach under trial. Another option of percutaneous intrafetal alcohol injection is found to be widely available, less invasive and simpler recently advocated endoscopic techniques.

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PRENATAL DIAGNOSIS OF GALEN VEIN ANEURYSMAL MALFORMATION: A CASE REPORT

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Aneurysm of Galen vein is a congenital malformation diagnosed rarely representing less than 1% of cerebral arteriovenous malformations. Today with the advances in high resolution ultrasonography and color Doppler imaging, prenatal diagnosis is achieved easily. The perinatal prognosis seems to be invariably compromised when signs of cardiac decompensation develop prenatally. On the other hand fetuses with normal velocity waveforms and a low extent of the systemic shunt have a good extrauterine adaptation. In addition novel intravascular embolization techniques, placement of intraaneurysmal balloon and vascular microcoils provided a precise improvement in perinatal prognosis postnatally.

We report a case of Galen vein aneurysm detected at 33 weeks of pregnancy by color Doppler ultrasonography. Routine ultrasonographic examination demonstrated a large midline supratentorial cystic lesion associated with cardiomegaly first. A markedly turbulent flow pattern within the cerebral lesion detected by color Doppler ultrasonography revealed the diagnosis of Galen vein aneurysm. Fetal demise occurred at 35 weeks of pregnancy. Autopsy findings confirmed the diagnosis.

We suggest that color Doppler ultrasonography may assist in the diagnosis of Galen vein aneurysm and precisely delineate the complicated corresponding vasculature. This may guide the appropriate management and predict the fetal outcome accurately.

FCO54

MATERNAL MORTALITY IN LATVIA AND LITHUANIA

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Objective: Maternal mortality is an indicator of social backgrounds, economic status and quality of health care in the country. The aim of the study was to analyze maternal deaths in the Latvia and Lithuania and to look for the possibilities to reduce them.

Methods: Analysis based on the retrospective evaluation of all the maternal deaths during 1992-2001.

Results: Maternal death rate has decreased both in Latvia and Lithuania over the ten-year period: from 41.2 (in Latvia) and 44.4 (in Lithuania) per 100,000 births in 1992 till 25.4 and 11.4, respectively, in 2001. More than two thirds (65.5%) of maternal deaths in Latvia were due to direct reasons compared to 49.5% in Lithuania. The leading causes of maternal mortality were bleeding, abortion complications and embolism.

lism in Latvia compared to sepsis and pregnancy-induced hypertension in Lithuania. In both the countries advanced maternal age associated with chronic illnesses and increased parity were found to be risk factors for mortality.

Conclusion: Although maternal mortality rates have declined in Latvia and Lithuania during the past ten years, they are still higher than in the Western countries. The future improvements should focus on: 1) nationally established guidelines for diagnosis and management of obstetric emergencies, 2) organization of medical care in every obstetric unit including consultant availability, 3) increase in patient's responsibility for health, 4) education of medical staff.

FCO55

VITAMIN B12 AND FOLATE LEVELS OF PREGNANT WOMEN IN ŞANLIURFA

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Objective: Şanlıurfa is socioeconomically less developed city of Turkey and the dietary habits were different from the other geographic parts of the country. The aim of this study was to find out folic acid (FA) and vitamin B12 (B12) deficiency among pregnant women in this region.

Methods: Setting of the study was Department of Obstetrics and Gynecology of Harran University Hospital between June 2001 and June 2002. This study was prospectively designed. 243 pregnant women were studied during their first prenatal visit (average 20 weeks' gestation). The mean age of the pregnant was 26.7 (SD 4.7) years. The samples were analyzed for serum FA, B12 and Complete Blood Count (CBC). Serum levels of B12 and FA were assessed by RIA method. Pearson correlation analysis and SPSS 11.02 for Windows were used for statistical analyzes.

Results: Mean values for serum FA and B12 levels were 13.15 ng/ml and 246.90 pg/ml respectively. Among 243 cases, B12 deficiency (< 200 pg/ml) in 80 cases (35.9%), FA deficiency (< 3 ng/ml) in 1 case (0.4%) and intermediate FA (3-4 ng/ml) in 1 case (0.4%) was detected. There was a significant positive correlation found between Hemoglobin (Hb)

and B12 ($r=0.163$, $p=0.015$) and a highly significant positive correlation between Hb and Red blood cell Distribution Width (RDW) ($r=-0.388$, $p=0.000$).

Conclusion: The incidence of B12 and FA deficiency in Şanlıurfa is unknown. Recent evidence suggests that the deficiency of B12 but not for FA is commoner than we thought.

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BIOCHEMICAL ENVIRONMENT OF FETAL DEVELOPMENT IN THE MECONIUM STAINED AMNIOTIC FLUID. I-GLUCOSE, BILIRUBINE, OPTICAL DENSITY, H+ IONS, ESTROGENS AND PLACENTAL LACTOGEN

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Objective: The aim of the study was to evaluate the influence of the presence of meconium in amniotic fluid on the concentrations of chosen biochemical parameters: glucose, bilirubine, H+ ions, estrogens and placental lactogen. The optical density at 570 and at 650 nm was also estimated as a good clinical indicator of fetal's lungs maturity.

Methods: The study covered 82 pregnant women: 54 with the meconium stained amniotic fluid (the study group) and 28 with the clear (physiological) amniotic fluid (the control group). The women in both group were at the same gestational age : 39,1±2,48 vs 39,2±2,37 weeks (NS). There were similar percentages of various pathologies in both groups: diabetes 11% vs 13% (NS), intrahepatic cholestasis of pregnancy 25% vs 20% (NS), pregnancy induced hypertension (PIH) 21% vs 18% (NS) and healthy women 43% vs 49% (NS). The amniotic fluid was collected by the ultrasound guided abdominal amniocentesis.