

**FCP31****HETEROTOPIC PREGNANCY WITH ANEMBRIONIC INTRAUTERIN COMPONENT**

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A 31 year-old woman gravida 3, para 0, abortion 2 applied to the clinic with secondary amenorrhea after ovulation induction with clomiphene citrate. Urine pregnancy test was performed and found positive. There was no history of pelvic inflammatory disease and pelvic surgical intervention. Although transvaginal sonographic examination revealed empty uterus, we detected an 18 mm ring-like thick-walled hyperechogenic structure within the left adnexial area which consist of fetal nod but no fetal cardiac activity, meanwhile she had a serum beta-hCG level of 198 mIU/mL. Beta-hCG level was measured every 2 days. The increase of hCG levels was found more than two fold. This condition suggested the presence of intrauterine pregnancy besides extrauterine pregnancy and transvaginal ultrasonographic (TV-US) examination revealed an intrauterine gestational sac without yolk sac and embryo. That time according to the last menstrual period pregnancy was compatible with 7 w + 2 d. Control TV-US was performed 1 week later and gestational sac was demonstrated but embryo and yolk sac were invisible. Due to the prediagnosis of anembrionic pregnancy, dilatation & curettage was performed and pathologic report showed early stage placentation and decidualisation without embryo. After D&C beta-hCG level significantly decreased. Due to this decrease at beta-hCG level and the stability of the hemodynamic status and low initial beta-hCG level patient was discharged and pursued for beta-hCG level weekly. Follow-up examination was made till beta-hCG level decreased to the normal values. The extrauterine gestational sac under expectant management had resolved spontaneously without further medical or surgical approaching.

**FCP32****PREECLAMPSIA OF THE GESTATIONAL TROPHOBLASTIC NEOPLASIA**

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The frequency of gestational trophoblastic neoplasia, although may vary, is usually about 2 per 1000 pregnancies. In gestational trophoblastic neoplasia, preeclampsia may occur in earlier weeks compared to normal pregnancies. This pathology which is rare, but which may lead to serious conclusions, has been determined in a 18-year old patient in the 14th gestational week, and this case has been presented in this study accomponyng the related literature survey.

**FCP33****A CASE OF CERVICAL RUPTURE IN A PATIENT WITH A CERVICAL CIRCULAGE**

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Cervical incontinance causes habituel abortion and it's treatment is cervical circulage. Cervical circulage has several complications. One of these complications is cervical rupture which is caused by preterm labor and it is seen very rarely. In this report, a case in which cervical rupture is developed as a result of cervical circulage is discussed.