

Methods: Uterine artery Doppler studies were performed in singleton pregnancies at 20-26 weeks of gestation. The mean uterine artery resistance index and the presence or absence of early diastolic notches was recorded. Diastolic blood pressure >90mmHg after the 20th week of gestation in a previous normotensive women was defined as PIH, and SGA was defined as a birth weight below the 10th centile.

Results: 288 complicated pregnancies, including 119 cases of PIH were evaluated. Of them, 152 (52.8%) were nulliparous and 136 (47.2%) multiparous. Twenty-nine of the cases (10%) delivered before 34 weeks of gestation. The prevalence of the cases with bilateral notches was significantly higher in of nulliparous women (59.9% vs. 40.4%, p=0.0015). Mean RI measurement was higher in multiparous women (0.58 vs. 0.61, p=0.01). In women with PIH, the percentage of bilateral notches was also higher in nulliparous women (65.6% vs. 43.6%, p=0.026). Mean level of RI was higher in multiparous group (0.58 vs. 0.62, p=0.049). In pregnancies with early preterm delivery, mean RI level did not significantly differ between multiparous and nulliparous women (0.68±0.08 vs. 0.65±0.11, p=0.411)

Conclusion: The results of our study indicate that in cases with impaired placentation nulliparous women with a higher prevalence of bilateral notches have lower levels of RI. Nevertheless, in cases with early onset of the disease, RI levels were comparable in multiparous and nulliparous women. Analysis of different patterns of Doppler findings in complicated pregnancies may clarify the pathogenesis. Further studies are needed to improve the uterine artery Doppler screening program.

Key words: Uterine artery Doppler, complicated pregnancies, second trimester

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Analysis of the relationship between maternal second trimester afp, hcg, estriol levels and abnormal uterine artery Doppler findings in the prediction of pregnancy induced hypertension

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Objective: The aim of this study was to evaluate the relationship between triple test markers, uterine artery Doppler findings and pregnancy induced hypertension (PIH).

Material and methods: Maternal serum alpha-fetoprotein (AFP), human chorionic gonadotropin (HCG) and estriol (E3) were evaluated in the screening program for Down syndrome in 829 pregnant women. Uterine artery Doppler studies were performed at 20-26. weeks of gestation. The mean uterine artery resistance index and the presence or absence of early diastolic notches was recorded. Diastolic blood pressure >90 mmHg after the 20th week of gestation in a previous normotensive women was defined as PIH.

Results: PIH developed in 71 women (8.6%). Maternal AFP (1.05 vs. 0.94 MoM, p=0.03) and HCG (1.32 vs. 1.15 MoM, p= 0.036) levels were significantly higher in the PIH group. Mean levels of PI, RI and the prevalence of bilateral notches were significantly higher in cases with PIH. In 212 (25%) of the cases bilateral early diastolic notching (BLN+) was present. Mean AFP level in cases with bilateral notches was significantly higher than in cases with absent or unilateral notches (1.03 vs. 0.92 and 0.93 MoM, p=0.005). Maternal serum level of AFP (AUC 0.63, p=0.0055) was effective in the prediction of PIH in cases with BLN+. Serum level of HCG (AUC 0.54, p=0.45) and E3 (AUC 0.5, p=0.97) were not effective. Using a cut off value of > 0.98 MoM, we could detect cases with PIH with a sensitivity of 65% and specificity 63%.

Conclusion: High maternal AFP, HCG levels, and abnormal uterine artery Doppler findings at second trimester are related with PIH. Maternal AFP level is higher in cases with bilateral notches. In cases with bilateral notches, high levels of maternal serum AFP may be additive for the prediction of PIH.

Key words: Uterine artery Doppler, pregnancy-induced hypertension

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Glob vezikal ve uterus torsiyonu saptanan grandmultipar olgunun acil sezaryenle doğumu

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Amaç: Doğum eyleminde uzamış ikinci evreye ikincil glob vezikal ve uterin torsiyonu gelişiminin tartışılması