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BOOK OF ABSTRACTS
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DOES PREECLAMPSIA HAVE AN ADVERSE EFFECT ON FETAL HEMATOLOGIC SYSTEM?

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Brief Introduction: To investigate umbilical artery blood gas analysis and fetal hemogram parameters in preeclampsia (PL).

Materials and Methods: Umbilical artery blood samples were taken from 59 cases of preeclampsia (mild preeclampsia (n = 21), severe preeclampsia (n = 38)) and 35 cases of control immediately after delivery of the infant for blood gas and hemogram analysis. Kruskal–Wallis test was used for analysis of continuous variables between the three groups and Mann–Whitney U test for post hoc analysis.

Clinical Cases or Summary Results: The mean fetal platelet and WBC counts were found to be statistically significantly lower in fetuses born to severe preeclamptic mothers than mild preeclamptic and normal mothers [fetal PLTcontrol = 243,818 ± 86,051; fetal PLTmild PE = 220,428 ± 59,614; fetal PLTsevere PE = 164,815 ± 101,517; p = 0.0001; fetal WBCcontrol = 12,903 ± 4167; fetal WBCmild PE = 10,816 ± 3335; fetal WBCsevere PE = 10,200 ± 5347; p = 0.019]. These parameters showed no statistically significant correlation with the relating maternal PLT and WBC values. No difference was found between fetal hemoglobin and hematocrit. Upon blood gas analysis, the groups showed no statistically significant difference.

Conclusions: Severe preeclampsia may cause significantly lower platelet and white blood cell count in newborns, without any effect on the red blood cell count and hemoglobin levels which deserve the attention of obstetricians and neonatologists. Further trials should be planned to investigate whether preeclampsia affects the fetal hematologic system or not.

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PLASMA VISPATIN LEVELS IN PREGNANT WOMEN WITH NORMAL GLUCOSE TOLERANCE, GESTATIONAL DIABETES AND PRE-GESTATIONAL DIABETES MELLITUS

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Brief Introduction: Visfatin, an adipocytokine, is a peptide predominantly expressed in and secreted from visceral adipose. In this study, we aimed to compare visfatin levels in gestational (GDM) and