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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 (PE).
Materials and Methods: Umbilical artery blood samples were taken from 59 cases of preeclampsia (mild preeclampsia ($n=21$), severe preeclampsia ($n=38$)) and 33 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 $+$ 59,641; fetal PLTsevere PE $=$ 164,815 $+$ 101,547; $p=0.0001$; fetal WBCcontrol $=$ 12,903 $\pm$ 4167; fetal WBCmild PE $=$ 10,816 $\pm$ 3335; fetal WBCsevere PE $-$ 10,200 $\pm$ 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 deserves 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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CHRONIC INTRAUTERINE HYPOXIA – RISK FACTOR FOR NEONATAL MORBIDITY AND MORTALITY – A CASE REPORT

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Brief Introduction: Intrauterine growth restriction remains a major risk factor for fetal and neonatal morbidity and mortality. Its incidence is 3–10% of all pregnancies, and neonatal mortality is 5–20%. Almost all cases of IUGR are associated with placental abnormalities. Chronic intrauterine hypoxia induces multiple organ failure. In this paper, we present several early and late morbidities associated with chronic intrauterine hypoxia.
Clinical Cases or Summary Results: Male newborn, 35 weeks gestational age, from a pregnancy on a bicorne uterus and small placenta, with pregnancy induced hypertension. The child was delivered by cesarean section, with birth weight 1700 g and Apgar 1/5/6; The postnatal examination showed meconium stained teguments, generalized edemas, bulging anterior fontanella, RDS. Assisted ventilation was performed. Ultrasound examinations evidenced fluid collection in the abdominal cavity, cerebral edema and later hyperechogenic areas in the vascular thalamostriatal walls. The histopathological examination evidenced a small placenta, old infarctions, subchorial thromboses. Discharge from NICU occurred 30 days after birth. 9 months later he was diagnosed as West syndrome, with neuromotor and mental retardation.
Conclusions: We presented with this case, some morbid conditions associated with chronic intrauterine hypoxia. Its particularity is conferred by the presence of hydrops fetalis to a chronic hypoxiated fetus and the double involvement of hypoalbuminemia and heart failure in his appearance.

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PLASMA VISFATIN 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 pepride predominantly expressed in and secreted from visceral adipose. In this study, we aimed to compare visfatin levels in gestational (GDM) and