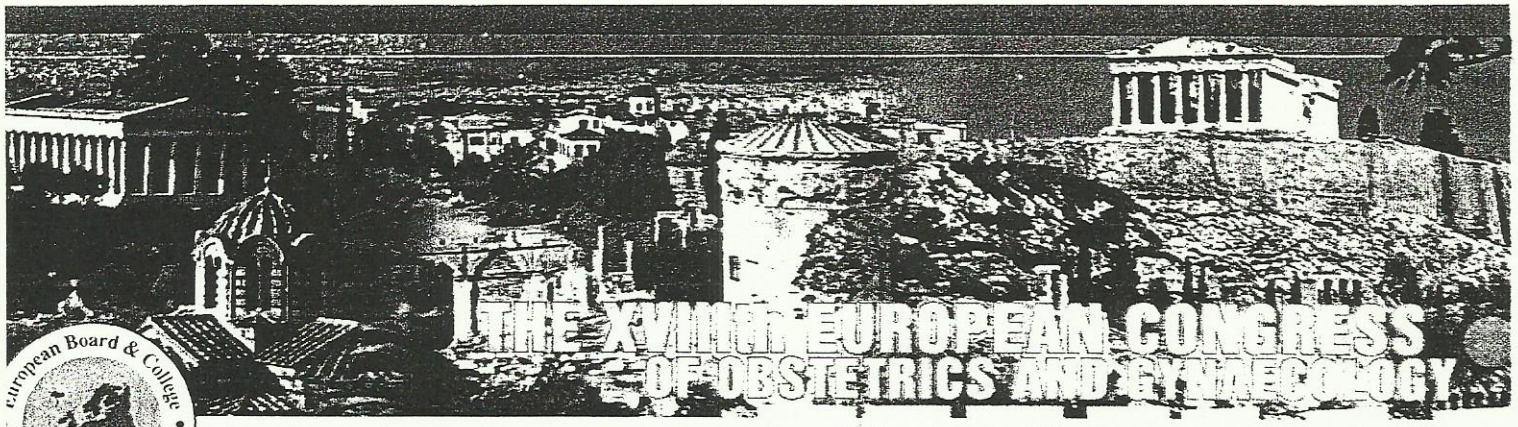

European Board & College of Obstetrics and Gynaecology

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dependence of completed gestational age and preterm delivery (before 37th week) on above mentioned parameters was tested.
Results: We proved a significant dependence of prematurity on the follow markers for the 16-18 and 21-23 week test: Abnormal triple test (RR 4.1, RR 5.2), elevated aFP (RR 4.3, RR 4.7), ALP (RR 1.3, RR 3.9), short cervix (RR 19.2, RR 23.3). For the 21-23 week test, the sensitivity and specificity for preterm delivery for ALP of >90th percentile was 0.19 and 0.88, for AFP the sensitivity and specificity were 0.31 and 0.83, respectively. A cervix of <25mm had a positive predictive value of 70% when detected at 16-18 weeks' gestation and 40% when detected at 21-23 weeks' gestation.
Conclusions: The biologic explanation for the relationships between aFP and ALP and preterm delivery is unknown. However, it is believed that disruption or breakdown of the placental tissue may lead to such an elevation. Transvaginal utrasonography of the cervix at 16 weeks' to 23 weeks gestation is an accurate predictor of preterm delivery, especially in patients with high - risk pregnancies. The combination of measurement of maternal plasma aFP, hCG, uE3, ALP in the second trimester with transvaginal measurement of cervix provides a more accurate indicator of the risk of preterm delivery than does risk factor scoring alone.

P102. PREDICTIVE POWER OF MATERNAL SERUM AND AMNIOTIC FLUID CRP AND PAPP-A CONCENTRATIONS AT THE TIME OF GENETIC AMNIOCENTESIS FOR THE PRETERM DELIVERY

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Objective: To investigate whether amniotic fluid CRP and PAPP-A concentrations at the time of genetic amniocentesis is a marker of preterm delivery.
Materials and Methods: 141 pregnant women were included in this prospective study. To qualify for participation, subjects were required to [1] have a singleton pregnancy between 15 and 20 weeks of gestation, [2] have a known gestational age, [3] have a normal pregnancy course before the procedure, [4] have no conditions known to be associated with preterm delivery (i.e., discolored amniotic fluid, elevated maternal serum alpha-fetoprotein levels, placenta previa) [5] have no congenital malformation or chromosomal abnormality, and [6] be older than 18 years of age. Amniocentesis was performed under ultrasonographic guidance by using a free-hand technique. Amniotic fluid was collected for karyotype analysis, and CRP and PAPP-A determinations. Venous blood samples were withdrawn for serum CRP and PAPP-A determinations. Amniotic fluid and maternal serum CRP and PAPP-A concentrations were determined by using commercially available kits. Receiver-operating characteristic (ROC) analysis was performed to determine the predictive power of serum and amniotic fluid parameters for preterm delivery. Mann-Whitney U and Pearson's correlation tests were used, where appropriate.
Results: The prevalence of spontaneus preterm delivery before 37 weeks of gestational age was 9.9%. ROC analysis revealed that amniotic fluid CRP level was the only parameter, which had a significant power in the prediction of preterm delivery. The optimum cutoff level was 0.65 mg/L. The sensitivity and specificity were 92.9% and 78.7%, respectively. Women with preterm delivery had higher amniotic fluid CRP levels than those, who had a term delivery (mean ± SD, 1.49 ± 1.73 mg/L versus 0.51 ± 0.57 mg/L). No correlation was observed between maternal serum and amniotic fluid CRP and PAPP-A concentrations.

Conclusions: The amniotic fluid CRP level has a high sensitivity and specificity in the prediction of preterm delivery, and this may be helpful in predicting preterm delivery during genetic amniocentesis.

P103. PRENATAL DIAGNOSIS OF CAUDAL REGRESSION SYNDROME

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Introduction: Caudal regression syndrome (CRS) is a complex neural tube defect, and represents a continuum of congenital malformations that may include incomplete development of the sacrum and the lumbar vertebrae (to a lesser extent), disruption of the distal spinal cord, and extreme lack of growth of the caudal region. Though the exact teratogenic mechanism of CRS is not known, hyperglycemia seems to play a crucial role.
Case Presentation: A 27-year-old second-gravid woman was first seen at 22 weeks' gestation at our Department. She was suffered from diabetes mellitus type-I since the age of 11 years. Diabetes was of poor control at periconceptional period as well as during the first trimester of pregnancy, with glycosylated haemoglobin (HbA1C) levels 9.5-11%. An ultrasound scanning at 13th gestational week had shown a fetus with normal nuchal translucency, but with a CRL corresponding to 12 gestational weeks. At 22 gestational weeks HbA1C was within normal limits, and ultrasonography showed a singleton fetus with normal amniotic fluid volume. Fetal biometry was consistent with dates. A detailed examination of fetal anatomy revealed a sudden termination of spine at lumbal level and fixed lower extremities with clubfeet. These findings were strongly suggestive of the caudal regression syndrome. MRI confirmed the above-mentioned findings. The patient after a genetic counselling elected for termination of pregnancy, giving delivery to a 500-gr male infant after intravaginally misoprostol administration. Autopsy examination confirmed the prenatal diagnosis of lumbosacral agenesis, flexion contractures of the lower extremities with extensive popliteal webbing in "frog-like" position and clubfeet. Postpartum radiological examination showed missing ribs, absents lumbosacral vertebrae and a hypoplastic pelvis.
Discussion: CRS is an uncommon malformation, but occurs in about one in 350 infants of diabetic mothers, representing an increase of about 200-fold over the rate seen in the general population. Prenatal ultrasonographic diagnosis is possible at 16-22 weeks' of gestation. Visualization of the anomalies such as amputation of the spine and the deformities of extremities should not be difficult, particularly with normal amniotic fluid.

P104. PRENATAL DIAGNOSIS MALE PSEYDOHERMAPHRODITISM

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Aim: we present a case of male pseudohermafrotidism.
Material and Method: A 36-year-old woman in her 16th week of pregnancy was submitted to an amniocentesis examination because of her age. On the ultrasound it showed a female foetus. However the diagnosis of the amniocentesis was a male karyotype foetus.
A re-test was done to determine the real sex of the foetus an ultrasound was done again as well as an