 ISSN 0718-3127
ISSN 0719-9120

CRÓNICA

Congreso International Society of Gynecological Endocrinology, Florencia

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Abstracts

Abstract id: 6936

Abstract Title: *PERINATAL RESULTS IN PREMATURE RUPTURE OF FETAL MEMBRANES IN PREGNANCIES UNDER 25 WEEKS, LOCAL EXPERIENCE*
Author(s)/Speaker: *Sepulveda A (Speaker)*
Topic: *4.13 Preterm labor and delivery*
Text: *OBJECTIVE: Determine obstetric and perinatal outcomes in pregnancies with premature rupture of membranes (PROM) before 25 weeks and their incidence according to gestational age at diagnosis at the Hospital Luis Tisné B. STUDY DESIGN: A retrospective study was conducted of all pregnancies with a diagnosis of PROM occurring before 24 + 6 weeks, and with expectant management between 2013 and 2014. RESULTS: Thirty pregnancies were analyzed with an average gestational age (EG) of 20 + 4 weeks (range 13 - 24 + 6 weeks), highlighting a bicorial biamniotic twin pregnancy, of which 19 (63%) had an RPM less than 22 weeks and 11 (37%), 17 (54.8%) were born alive. Of these, two (11.7%) neonates presented pulmonary hypoplasia and died within the first two days of hospitalization. 10 patients (56.25%) are discharged from the hospital with no severe neonatal morbidity, defined as grade III or IV intraventricular hemorrhage, bronchopulmonary dysplasia, pulmonary hypoplasia, necrotising enterocolitis, grade 3 or 4 retinopathy of prematurity. The most commonly reported maternal morbidity was during miscarriage in 12 of the patients (40%). Regarding the delivery route of the survivors, 56.25% was a cesarean delivery, 77.7% being of an emergency nature and 22.2% due to breech presentation and 43.75% vaginal delivery. CONCLUSIONS: The global case management that is currently carried out in our hospital, shows 53% of live births and of these, 56% achieved medical discharge, with the largest group at 22 weeks showing the highest percentages of survival. However, 3 patients with PROM less than 20 weeks, who were discharged without major complications. Low maternal pathology was reported, being abortion associated with histological coriamnionitis, the most frequent maternal pathology. Regarding perinatal pathology, of those that were born alive, the Respiratory Distress Syndrome (SDR) stands out in 100% of the cases, finding the Hyaline Membrane Disease (HMS) in a higher percentage (80%), followed by Bronchopneumonia and transient SDR a 20%. Pulmonary hypoplasia was reported in one patient, who died two days after hospitalization. 50% of the patients presented some degree of Interventricular Haemorrhage (HIV), no cases of HIV Grade IV were reported. 40% have periventricular leukomalacia (LMPV).*

Abstract id: 6934

Abstract Title: *CERVICAL CERCLAGE OF RESCUE IN THE MANAGEMENT OF CERVICAL INCOMPETENCE. EXPERIENCE OF LUIS TISNE BROUSEE HOSPITAL*
Author(s)/Speaker: *Sepulveda A (Speaker), Catalán A, Guendelman B, Narvaez P, Lattus J.*
Topic: *4.13 Preterm labor and delivery*
Text: *Introduction: Cervical cerclage is surgery that corrects cervical incompetence. The prophylactic cerclage, which is performed between 12 and 14 weeks of gestation, indicated when there is a history of cervical incompetence; the therapeutic cerclage that is made after the detection of changes in the cervix before 24 gestation weeks, with a risk preterm delivery potential; and salvage or emergency*

cerclage is performed in patients who present exposure of visible amniotic membranes through the external cervical os or in the vagina. Objectives: Management and perinatal outcomes in whom a cervical rescue cerclage was indicated in our hospital, from January 2013 to January 2017. Material and method: Retrospective and descriptive study. The number of patients admitted to the operating room and the proceudure was registered. Clinical history was reviewed from the medical records. Results: 32 cases of rescue cerclage were analyzed. Epidemiological and obstetric history were recorded. The average age of the patients was 29 years (range 19-43 years), previous abortion was presented by 12 patients (38%), preterm birth before was presented by 7 patients (22%). The mean gestational age at the time of cerclage was 22 + 2 weeks with a range between 16 and 26 weeks. Cervicometry was performed on all patients, excluding those in which there was a frank exposure of membranes. The average of the cervicometry was 6 mm, with a range between 0 and 21 mm, 20 patients (63%) showed membrane exposure. Prior to the procedure, vaginal cultures were requested. It is noteworthy that 60% of the patients had development of Ureaplasma parvum (20 patients), 1 patient presented development of mycoplasma hominis concomitant to ureaplasma development. The average gestational age at birth was 32 weeks with a range between 17 to 40 gestation weeks. 72% exceeded 28 weeks. Of the group of patients who exceeded 28 weeks, 31% (10 patients) had a delivery between 28 + 0 weeks and 34 + 0 weeks. 41% (13 patients) had a delivery after 34 + 1 gestation weeks. The delivery route was vaginal in 19 patients (59%), cesarean in 9 patients (28%) and forceps in 4 patients (13%). Conclusion: With our casuistry, it has been possible to unify the management of both the surgical technique and the follow-up, so that in front of a patient in the second trimester with a clear cervical incompetence, the rescue cerclage seems to be the intervention that can change the fetal prognosis.

Abstract id: 6935

Abstract Title: *Obstructed Hemivagina and Ipsilateral Renal Anomaly Syndrome (OHVIRA) in pregnancy: A CASE REPORT*
Author(s)/Speaker: *Sepúlveda A (Speaker), Sierra M, Guendelman B, Catalan A.*
Topic: *4.3 Prenatal diagnosis*
Text: *BACKGROUND: Obstructed hemivagina and ipsilateral renal anomaly (OHVIRA), or Herlyn-Werner-Wunderlich syndrome, is a rare Mullerian duct anomaly with uterus didelphys, unilateral obstructed hemivagina, and ipsilateral renal agenesis. Patients with this anomaly usually present after menarche with pelvic pain and/or a mass and rarely, in later years, with primary infertility. Strong suspicion and knowledge of this anomaly are essential for a precise diagnosis. Although the true incidence is unknown, it has been reported to be between 0.1% and 3.8%, with only a few reported cases of the syndrome occurring during pregnancy. CASE: A 21-year-old, nulligravid woman at 14 weeks of gestation was referred due to lower abdominal and pelvic pain, genital bleeding and purulent genital discharge. History of congenital intestinal malformation operated. Examination revealed an ill-defined tender mass at the right iliac fossa. A transvaginal ultrasound was performed, which suggested a uterine didelphys, 14+3 weeks gestation and hematometra. To better elucidate the complex findings from the ultrasound, an MRI was obtained: uterus didelphys associated with vaginal double with longitudinal nonobstructive septum. The right hemivagina was markedly distended, ipsilateral agenesis of right kidney. Surgical management was decided with resection of vaginal septum, and subsequent treatment to reduce the risk of vaginal synechia. Currently the patient is in a 30-weeks pregnant, in overall good conditions. Conclusion: Given the high rate of associated complications in this syndrome, it is justified to handle a high index of suspicion. The importance of early detection and adequate surgical management will avoid its complications. Before a patient becomes pregnant in which a OVHIRA syndrome, surgical resection of the obstructive vaginal septum allows rapid relief of symptoms and prevention of possible complications related to pregnancy.*

Abstract id 7450

P224. HEMOPERITONEUM IN ABDOMINAL PREGNANCY: A CASE REPORT

INTRODUCTION: Abdominal pregnancy is a rare form of ectopic pregnancy and is associated with high maternal and fetal morbidity and mortality and represents 1% of ectopic pregnancies. We report the case of a patient with an abdominal pregnancy diagnosed by transvaginal ultrasound in the first trimester of pregnancy. CASE PRESENTATION: A 34-year-old, gravid 2 para 1, presented at 14 weeks, was referred tou our centre with abdominal pain, vomiting and lipothymie. The initial abdomino-pelvic ultrasound done at other centre was normal. On admission to the labour ward, her vital signs were: blood pressure of 120/80 mmHg, pulse 112 beats/minutes. Her abdomen was distended with hypogastric tenderness. Her laboratory results showed hemoglobin of 4.5 g/dl. There was subsequently a strong clinical suspicion of abdominal pregnancy, which was confirmed by a second ultrasound. The patient underwent laparotomy and was found to have an intact uterus with an inviable fetus floating in the abdominal cavity and with hemoperitoneum of 4 litres. The placenta was implanted in the right broad ligament and its removed successfully. Intraoperatively, one unit of blood was transfused due to severe anemia prior to surgery. Mother was discharged home in good condition. CONCLUSION: Abdominal pregnancy can be missed prenatally even when an imaging (ultrasound) facility is available. Emphasis should be placed on clinical assessment and thorough evaluation of patients.

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