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NEUROLOGIC KOMPLICATIONS OF REGIONAL ANESTHESIA IN OBSTETRIC. A CASE REPORT

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For both parturients and anesthesiologist the most feared complication of regional aesthesia is a neuorologic deficit. Neuorologic deficits ,fortunately are very rareo-1.2/10000. In obstetric patients this complication is 1,6-4,8 per 10000 deliveies. Most neuorological injuries are due to obstetrical, not anesthetic causes.

History. Pregnant women 23 years old received regional anesthesia (spinal) for cesarean delivery. After IV fluid infusions (Ringer lactate) she received spinal anesthesia at L3-L4 with G26 spinal needle not pencil point. Subarachnoid space was achieved with first attempt and was injected: bupivacaine 12mg, morphine 0.2mg, fentanyl 15µg. Spinal Bloc was completed after 4min and the c/s delivery lasted 65min. After surgery the patient was treated with anticoagulants non steroid anti-inflammatory, antihistaminic. 16 hours after anesthesia was identified a neurological deficit. The patient couldn't move her left legs; she moved only her fingers and lost hip flexion. She had lost the sensation too, over the anterior thigh and leg.48 hours later she could rotate her left leg but couldn't flex the hip, the sensation is partly decreased.72 hours she could move with nurse help and could felt sensation of her leg. The total recovery was arrived after three weeks.

MRI was normal. No blood no intracranial and intraspinal soft tissue lesions. EMG was refused from the patient.

THE OUTCOME OF TWIN PREGNANCIES RELATED TO THE MODE OF CONCEPTION

Arjan Shtylla, Otilia Dehovi, Redi Hoxhallari, Nertilda Shushari, Astrit Bimbashi, Rubena Moisiu, Isaac Blickstein*

Objectives: The aim of this study is to analyze the outcome of twin pregnancies conceived spontaneously versus those conceived with artificial methods of conception.

Material and methods: We took a retrospective cohort study of twin pregnancies in our department between the years 2003 and 2009. We evaluate the characteristics of the population in study, their complications during pregnancy and delivery, and the neonatal outcome. The Student test (the T-test), the Fisher's exact test, were used to evaluate the correlation between variables: parity, maternal age, way of conception, chorionicity, way of delivery and total twin birth weight (TTBW). $p < 0.05$ was considered significant.

Results: We have enrolled 415 twin pregnancies above 28 weeks of gestation. In twin pregnancies conceived with assisted reproductive technique significant differences were found in pregnant women under weight versus obese women, OR 0.2 with 95% CI (0.1-0.8) and pregnant women with normal weight versus obese women OR 0.2 95% CI (0.1-0.4). Comparing the groups according to the variable, maternal age, significant differences were found between pregnancies conceived spontaneously and those with induction of ovulation ($p=0.0003$), and with ART ($p=0.002$). Pregnancies achieved with ART and with induction of ovulation are more probable to terminate by cesarean section, OR 9.1 95% CI (4.3-19.6).

Conclusion: Maternal age of women who conceived twins pregnancy with ART techniques is greater than of those conceived spontaneously or with induction of ovulation. Women of age >35years have more probability to conceived with ART techniques and induction of ovulation. Women who conceived with ART technique deliver their twins mostly by elective or emergency cesarean section.

Key words: twin pregnancy, conception, total twin birth weight.

THE INFLUENCE OF ASYMPTOMATIC AND SYMPTOMATIC BACTERIURIA IN PRETERM DELIVERY

Astrit Bimbashi*

Objective: To evaluate the associations between asymptomatic and symptomatic urinary tract infection in pregnancy and spontaneous preterm delivery.

Materials and methods: In our study were included pregnant women in the second and third trimester of pregnancy that have performed the urine analyses in the Laboratory of University Hospital of Obstetrics and Gynecology "Koço Gliozheni" from 1 March 2011 until 31 August 2011. These women were followed until delivery. Women that have not delivered in this hospital were excluded from the study. For every patient we had from the Astraia Program the gestational age at delivery, the membranes status at admission (ruptured or intact) and the birthweight at delivery.

Results: From the study group 8.8% were diagnosed to have a urinary tract infection: 7.2% with asymptomatic bacteriuria and 1.6% with symptomatic bacteriuria (acute cystitis or pyelonephritis). From the urine cultures the main etiologic pathogen has resulted Escherichia Coli in 74% of cases. From our results the group with asymptomatic and symptomatic bacteriuria had higher rates of preterm delivery (11.6% vs 8.7%) and preterm rupture of membranes (4.7% vs 3.1%) and lower mean birthweight at delivery comparing to the group without urinary tract infection.

Conclusions: Escherichia Coli is the most common etiologic agent in asymptomatic infection and quantitative culture is the gold standard for diagnosis. Asymptomatic bacteriuria has been shown to increase the risk for pretem delivery and preterm rupture of membranes.

Screening and treatment for asymptomatic bacteriuria has become a standard in obstetrics and the guidelines of prenatal care should include routine screening for asymptomatic bacteriuria.

Keywords: asymptomatic bacteriuria, symptomatic bacteriuria, pretem delivery, preterm rupture of membranes.

PRETERM LABOUR AND TOCOLYSIS

Dritan Deçka

Objectives: To compare the effectiveness of intravenous ritodrine treatment versus intravenous $MgSO_4$ treatment and other oral tocolytics. To prove whether the long-term hospitalization and treatment improve the fetal outcome of birth.

Methods: 279 pregnant women, from 24 - 34 weeks pregnant hospitalized with diagnosis of preterm labour and with intact membranes and cervical modifications (dilatation, shortage) which underwent treatment with intravenous tocolytics according to two basic protocols of treatment, were studied. The protocols consisted of treating with ritodrine (1st group) and with $MgSO_4$ (2nd group) for 24 hours. Some of the patients after intravenous treatment continued to be treated with oral nifedipine. All pregnant women with preterm premature rupture of membranes, fetal malformations, feto morto in utero and febrile conditions at the time of admission were not involved. Data analysis was performed by SPSS 12.0 statistical package. The values of $p < 0.05$ were considered significant.

Results: Prevention of premature birth is closely related to the use of intravenous therapy (189 cases, 67.8%) (p-0.003). Treatment with intravenous ritodrine (99 cases, 35.5%) prolongs significantly the pregnancy in comparison to $MgSO_4$ (90 cases, 32.3%). Also it was seen no significant relationship of fetal outcome with hospitalization days and duration of tocolysis.

Conclusion: Use of intravenous ritodrine in the first 24 hours followed by nifedipine per os has significantly improved the fetal outcome by preventing premature birth. Long-term hospitalization and long-term use of tocolytics does not improve the fetal outcome.

EMPIRIC PROLONGED ANTIBIOTIC THERAPY ON PREMATURE NEWBORN WITH NEGATIVE BLOOD CULTURE. IT'S TIME TO STOP!!

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Introduction: Antibiotics are among the most commonly used drugs in the intensive therapy unit to premature since the first day of life. Among the risk factors that cause premature birth are often occult intrauterine infections, chorioamnionitis and RHPM. This is why infants with this risk factor and/or without specific signs of infection were initiated empirical treatment with antibiotics. Use for a long time and without a real reason of these antibiotics is associated with many adverse effects to the newborn from an increased incidence of secondary infections, the modification of the normal microbial flora, favored candidiasis and neonatal sepsis by opportunistic microorganisms. Different authors have tested the hypothesis that an extended empirical antibiotic therapy in prematurely born, is an important factor for the development of a higher incidence of late onset sepsis (LOS), NEC and increased mortality in these children.

Goal: To draw a correlation between the empirical prolonged antibiotic therapy (e™ 5 days) to premature with negative blood cultures and LOS, NEC and death.

Method: Retrospective study included the period January 2011-May 2012 in NICU UHOG "Koco Gliozheni" Tirana.

We analyzed neonatal clinical medical cards with this criteria: Gestacional age d™35weeks, Birth weight d™2000g, Antibiotic therapy for risk native / perinatal / sepsis clinically suspected, Blood cultures negative.

We analyzed their clinical performance, day-stay in the NICU, the incidence of LOS, NEC, mortality.

Results: Empirical prolonged antibiotic therapy was used in 103 cases with negativ blood culture. Only 2% of cases of newborns (2/103) presented early neonatal sepsis. 98% of these children underwent antibiotico therapy in the absence of infection. 5.9% (6/102) developed (LOS) late sepsis. Late sepsis in total during this period held 6.7% (7 cases). So in 85.7% (6/7) of cases with secondary sepsis newborn had been under empirical antibiotico therapy. NEC was diagnosed in only one case.

Key words: LOS - Late sepsis; NEC - necrotizant enterocolitis, blood cultures.

NEWBORNS WITH RESPIRATORY DISTRESS SYNDROME COMPARISON OF DIFFERENT NCPAP SYSTEMS EFFECTS ON RESPIRATORY & INFECTIVE OUTCOMES IN PRETERM

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Introduction: CPAP is a non-invasive technique used in treatment of RDS in preterm newborns. Different methods are in use to generate NCPAP.

Aim. To evaluate the respiratory and infective outcomes in preterm newborns with RDS treated from birth with two systems of NCPAP, Bubble or Biphasic NCPAP.

Method: A randomized controlled study involved 90 infants with gestational age (GA) 28-35 weeks, treated for RDS. They were assigned to Bubble NCPAP group (n=45) and Biphasic NCPAP provided with Infant Flow (IF) device (n=45), using short binasal prongs. Each of the groups was divided in 3 subgroups of RDS severity (mild, moderate and severe, using the Silverman index). The respiratory outcomes in subgroups were: need for ventilation, surfactant use, air leaks and nasal lesions. Infective outcomes, days in NICU and deaths rate were also assessed.

Results: The newborns had similar characteristics at birth (Bubble vs IF): GA 31.8±1.8 vs 32.0±1.7 weeks, BW 1760±452.4 vs 1722.0±506.6g, male sex, Apgar 1', Apgar 5', antenatal steroids used, O_2 index at admission 0.4±0.1 vs 0.3±0.1. *Mild RDS* (Bubble vs IF): No child required ventilation or surfactant use; no air leaks and no nasal lesions were found; no secondary infections or deaths occurred in two groups; days in NICU were 10.9±4.5 vs 11.1±4.9 days (p= 0.922). *Moderate RDS* (Bubble vs IF): Need for ventilation 0/18 vs 2/29 (p= 0.376); surfactant use 12/18 vs 13/29 (p= 0.123); air leaks 1/18 vs 1/29 (p=0.624); nasal lesions 13/18 vs 0/29 (p<0.001); secondary infections 8/18 vs 4/29 (p= 0.518); days in NICU 19.5±10.4 vs 19.6±13.6 (p=0.982); no

deaths occurred. *Severe RDS* (Bubble vs IF): Need for ventilation 9/11 vs 4/4 (p=0.524); surfactant use 10/11 vs 3/4 (p= 0.476); air leaks 3/11 vs 1/4 (p=0.725); nasal lesions 5/11 vs 0/4 (p=0.154); secondary infections 5/11 vs 1/4 (p= 0.462); days in NICU 15.9±1.7 vs 14.0±14.3 (p=0.783); deaths 4/11 vs 2/4 (p=0.538).

Conclusion: Our data reveal similar respiratory and infective outcomes with Infant Flow vs Bubble NCPAP in RDS treatment (except for nasal lesion which were significantly higher in Bubble NCPAP group, p<0.001). Further data will be collected to verify the superiority of one NCPAP system to the other.

THE PROGNOSIS OF FUTURE PREGNANCIES IN WOMEN PREVIOUSLY DIAGNOSED WITH RECURRENT FETAL LOSS (RFL)

Edlira Bylykbashi, Ilir V. Bylykbashi, Erinda Kosturi

Introduction: Approximately 1-5% of couples, who try to conceive, have to deal with a RFL. This event is one of the most common complications regarding the first trimester of pregnancy.

Objectives: The aim of our study is to establish the prognosis of future pregnancies in women who have delt with this event at least 2 times.

Materials and methods: This is a retrospective study of 189 couples diagnosed with RFL during 2003-2011. Based on their anamnesis women were evaluated in two directions regarding the RFL event: the pregnancy rate and the term pregnancy rate.

Results: From 189 patients, 151 (78%) were diagnosed as pregnant. It was evaluated that: couples who had 2 RFL (140): had a pregnancy rate of 81.4%, and a term pregnancy rate of 68.6%; couples who had had 3 RFL (40) had respectively 78.8% pregnancy rate and 67.3% term pregnancy rate; couples who had had 4 RFL (5) had 84.6 % pregnancy rate and 46.1% term pregnancy rate; couples who had had 5RFL (3) had 66.7% pregnancy rate and 33.3% term pregnancy rate. As we have previously noticed in other studies regarding the RFL, the management of detectable factors, responsible for RFL enhanced the rate of future pregnancies and term pregnancy rates up to 91.5%.

Conclusions: Approximately 78 % of couples with previous RFL, who managed to conceive again, will have a term pregnancy and a healthy baby after being consulted. RFL still remains a problem and higher numbers of RFL events worsens the prognoses of future pregnancies. Anyhow, this data help us to calculate the odds for successful pregnancies in couples with RFL, without forgetting that each individual is unique and not just a statistic.

THE ASSOCIATION BETWEEN LOWER GENITAL TRACT INFECTIONS AND ADVERSE PREGNANCY OUTCOMES

Edlira Bylykbashi, Lumturi Merkuri, Ilir V. Bylykbashi, Erinda Kosturi

Introduction: Studies in antenatal care, suggest for negative impact of lower genital tract infections (LGTI) in pregnancy. We sought to determine a possible association between the presence of a lower genital tract infection in pregnancy and the adverse outcome of pregnancy; preterm birth and low weight of the newborn.

Materials and methods: We studied 558 pregnant women aged 19-42 years old and we screened for 5 different LGTI (bacterial vaginosis-gardnerella, ureaplasma-mycoplasma, chlamydia, gonorrhea, Trichomonia, Syphilis). This was a case – control study. Cases were women with preterm and/or low-birth weight newborns; controls were women without APO.

Results: Although women followed by us, showed high risk behaviors for LGTI (58%), most of them were engaged in prenatal care (89%) considering all the limitation that pregnancy imposes.

23%, had one of the adverse pregnancy outcomes mentioned above (8% had a preterm birth, 5% had a low weight newborn, 10% had a preterm birth along with a low birth weight infant)

Chlamydia, was associated with low birth weight, whereas Gonorrhea was associated with preterm birth in 13%; particularly when diagnosed in the first 15 weeks of pregnancy.

Conclusions: Our study confirmed the important association between the presence of LGIT and APO and suggested that timing is a key element in avoiding preterm birth or a low birth weight in this high risk category.

EPIDEMIOLOGICAL DATA OF THE CAUSES OF INFERTILITY IN COUPLES CAME AT IAKENTRO CLINIC, TIRANA

Elida Gjata

Introduction: Infertility is the growing trend worldwide. From 2 clinics in 2004-2005, today in Tirana operates 10 IVF clinics. But the data for IVF in Albania are difficult to report, because of the informality.

Material and methods: This paper summarizes the data of infertile couples consulted in my studio in the interval 2009-2011, which analyzed the age, type of infertility, duration and its causes. Semen analyses were accepted analyzed by a specialist physician or infertility and IVF clinics, according to WHO 1999 criteria.

Results: During the 3-year period are presented 182 couples who failed to conceive for more than one year, where 70% with primary infertility. Average duration was 7.2 yrs, while the average age of infertile women was 34.6 yrs. 70 patients (39%) were diagnosed as the primary cause of infertility in the couple and 31 patients (17%) as a concomitant. 34 patients (18.68%) were> 40 yrs, tubal factor were found in 24 women (13%) of the total number, where 12 patients (50%) of them were bilateral; endometriosis confirmed only in 3 patients (1.6%). PCOS was found in 22 patients (12%) women; where in 9 pairs (4.94%) was found as the only factor. About 18% of couples had some mixed factors, and idiopathic infertility resulted in 11.5% of cases. In this study male factor was found in 57.14% of cases, which dominated asthenozoospermia. The sample is convenient and as such is not representative of all women who have infertility problems.

Conclusions: The above data show that the male factor and female are in the same numbers as the main cause of infertility or concomitant, but male factor dominates compared to the literature. In our conditions, male factor delaying diagnosis, spends time with ineffective treatments, lost us what is more important, the age of the woman, so important for the success of further treatment.

POST PARTUM IUD, A NEW METHOD FOR FAMILY PLANNING IN ALBANIA

Elton Koroveshi, Halim Kosova, Ricky Lu

Introduction: In Albania, almost there was no family planning until 1991. The young couples were encouraged to have plenty of children. After socio-political changes that happened during 90, was made possible to have some of the modern methods of family planning. So thanks to the aid of many organizations, the clients can provide in every FP center E-P, OP, IP, IUD, condoms, free counseling etc. From 2010 in few hospitals, after a specific training, is applying another method of family planning, post partum IUD insertion.

Objectives: To demonstrate that PPIUD is an effective method of family planning, safe and with only few contraindications. The rate of expulsion depends by the skills of the medical staff and by the time of insertion after delivery of placenta.

The materials and methodology: This is a progressive study. There are included dates from all clients, that choose PPIUD as a method of family planning, in UHOG "Queen Geraldine" and "Koco Gliozheni". These clients are followed by the medical staff in their periodic control. We tried to make comparisons with other studies in Cochrane library, but there were only few.

Conclusions and Recommendations: PPIUD is a good chaise for family planning. It is safe to insert, immediately effective, and doesn't affect breastfeeding. There are less contraindication for insertion, but higher expulsion rate than interval IUD. The best time for insertion post partum is inside 10 min after delivery of placenta. At this moment we found a 5 % expulsion rate. It doesn't affect the amount of puerperal bleeding, and active management of third stage of delivery doesn't increase the expulsion rate.

FUNDAL PRESSURE DURING THE SECOND STAGE OF LABOUR

Erjola Pupi, Astrit Bimbashi

Fundal pressure during the second stage of labour involves application of manual pressure to the uppermost part of the uterus directed towards the birth canal in an attempt to assist spontaneous vaginal delivery and avoid prolonged second stage or the need for operative delivery. Fundal pressure has also been applied using an inflatable girdle. The role of fundal pressure during the second of labor is controversial and can result in clinical disagreements between nurses and physicians. Clearly the time of resolution of this issue is not when there is a physician request at the bedside in front of the patient. A prospectively agreed upon plan specifying how the request will be addressed is ideal. In order to develop this plan, risks , benefits, and alternative approaches to the use of fundal pressure should be reviewed by an interdisciplinary perinatal team. A survey in the United States found that 84% of the respondents used fundal pressure in their obstetric centres; in Albania it can´t be known because it´s not reported in most of cases. Much of the data about maternal-fetal injuries related to fundal pressure are not published for medical-legal reasons. There is little evidence to demonstrate that the use of fundal pressure is effective to improve maternal and/or neonatal outcomes. Several anecdotal reports suggest that fundal pressure is associated with maternal and neonatal complications: for example, uterine rupture, neonatal fractures and brain damage. There is a need for objective evaluation of the effectiveness and safety of fundal pressure in the second stage of labour.

Objectives: To determine the benefits and adverse effects of fundal pressure in the second stage of labour.

LAPAROSCOPY IN PREGNANCY, SAFETY AND COMPLICATIONS; A LITERATURE REVIEW.

Ernald Zeqja, Rexhina Bajo, Ardjan Kadaifçiu, Denis Gjika

Since the beginning of laparoscopic surgery in the 1980s, laparoscopic surgery has been popularized by surgeons throughout the world. However, routine laparoscopic surgery has been slow to catch the pregnant patient. Treatment of surgical or gynecologic disease in the gravid patient requires a unique and careful approach where safety of the mother and fetus are both considered. During its infancy, some argued that laparoscopy was contraindicated during pregnancy due to concerns for uterine injury and fetal perfusion. But, as surgeons have gained more experience with laparoscopy it has become the preferred treatment for many surgical diseases in the gravid patient. Approximately 1:500 to 1:635 women will require non-obstetrical abdominal surgery during their pregnancies. Cholecystectomy (45%) is the most common procedure performed during pregnancy, followed by adnexal surgery (34%) and appendicectomy (15%). The purpose of this review is to evaluate the indications, and the safety and efficacy of operative laparoscopy in pregnancy with a particular attention to the pregnancy outcome.

Summary: After reviewing the available literature, laparoscopic surgery in pregnancy for non gynaecological and gynaecological pathology is safe, effective and well tolerated by both the mother and the fetus. Advantages of laparoscopy in pregnancy are: short hospital stay, early return to normal activities, small incision, rapid postoperative recovery and less incision complications such as hernia, postoperative wound infection and pain, less uterine manipulation and hence decrease uterine irritability and fetal loss. The disadvantages are long anaesthesia and pneumoperitoneum (CO_2) but they are well tolerated by the fetus metabolism. The occurrence of a miscarriage, premature labor or fetal death appears to be related to the underlying pathology, independent of the operative intervention. In one of the studies, the incidence of fetal loss is 1.5% in uncomplicated appendicitis and 35% in the presence of ruptured appendicitis.

Overall conclusion is: laparoscopy is a safe procedure in pregnancy if certain precautions are taken. An experienced surgeon can perform laparoscopy safely in all trimesters by without significant increases in either maternal or fetal morbidity or mortality. Hemodynamics changes during laparoscopic surgery in pregnancy are similar to those observed in the nonpregnant state. The procedure appears to be safe and reduces hospital stay and frequency of premature labor. The safest time to perform laparoscopic surgery in pregnancy is at the second trimester. In the second trimester of pregnancy, open laparoscopic approach (Hasson's technique) is strongly recommended

WHO - EXAMINATION OF HUMAN SEMEN, NEW CRITERIA

Evin Dani

The WHO laboratory manual for the examination of human semen and sperm-cervical mucus- interaction was the first published in 1980, in response to a growing need for the standardization of procedures for the examination of human semen. It has since update five times and translated unto a number of languages. Last publication fifth edition has been in 2010. Over the past 30 year the manual has been recognized as providing global standards and has been used extensively by research and clinical laboratories throughout the world.

Despite this success it has become apparent that same recommendation from previous editions of the manual needed revised in light of new evidence and that some concepts needed more explanation and supporting evidence.

For these situations the editorial committee developed a consensus position after evaluating the pertinent literature.

The aim: To make known new criteria to the colleagues the examination of human semen. The possibly to standardize these new criteria in all laboratories in our country.

SPINAL ANESTHESIA WITH BUPIVAKAIN 2.5MG 0.5% COMBINED WITH FENTANYL 10 ÌG OR MORPHINE 0.25 mg, 1% DURING NORMAL DELIVERIES

Genci Hyska, Elona Belaj, Agron Delilaj, Saimir Cenameri, Vjollca Mulliqi, Vali Grori

Aim. We have studied the length of analgesia caused by a combination of bupivacain plus fentanyl or morphine in spinal anesthesia.

Materials and method. We have involved sixty pregnant women, 30 women for every group. In the first group of women which delivered with spinal anesthesia, were injected a dose of 2.5 mg bupivakain 0.5% plus sufentanyl 10 ìg, and in the second group were injected a dose of 2.5 mg bupivakainë 0.5% plus 0.25mg morphine 1%. Scoring of pain <3 out of 10 within 10 min from the moment of injection. The average duration of analgesia was similar between the two groups (89 min versus 84 min, P = not significant). The same values are also for average duration of labor (154.89min versus 162.25min, P=not significant), and only 20% of the morphine group had a prolonged anesthesia time. Also, during the first 24 h after birth, the morphine group had not so much need for additional medications (3.3 ± 3.7 doses versus 4.7 ± 3.5 doses, P = 0:04). Intratekal injection of this small dose of bupivakain plus fentanyl or morphine causes a quick start of analgesia in labour.

Conclusion In the group of bupivakain plus morphine does not exceeded analgesia time, but improves the relief of pain later on, which is measured by the degree of pain and the amount of drugs needed after birth. This may provide a useful tool and alternative to epidural anesthesia for clinical use for pain relief before and after birth. However the combination of spinal-epidural anesthesia would be the most ideal way for providing analgesia during process of delivery due to a quick start of pain relief achieved with spinal injection. Prolonged analgesia is accomplished via epidural infusion.

EPIDURAL ANALGESIA

Genci Hyska, Saimir Cenameri, Elona Belaj; Agron Delilaj, A. Soxhuku, Vjollca Mulliqi, Vali Grori

Analgesia is now recognized as a significant contributor to clinical outcomes. The goal for pain management is to provide the best analgesia with the least amount of side effects. locoregional analgesia is a desirable method of pain relief because it provides true segmental analgesia with little or no contribution from systemic levels of opioids. All of which may lead to excellent analgesia with minimal side effects.

Caring for patients who receive epidural analgesia requires specialized knowledge regarding the placement of the epidural catheter, management of the therapy, and monitoring for potential side effects/complications.

EMERGENCY POSTPARTUM HYSTERECTOMY FOR UNCONTROLLED POSTPARTUM BLEEDING

Ilta Bylykbashi, Robert Qirko, E. Difaj

Postpartum hemorrhage is a major complication associated with pregnancy and delivery and is a leading cause of maternal morbidity and mortality. Emergency postpartum hysterectomy (EPH) is a surgical procedure usually performed as a life-saving measure to control massive hemorrhage. Despite the low frequency of EPH, the rising cesarean delivery rate in recent years and the increasing population with a scarred uterus may indirectly increase the incidence of emergency postpartum hysterectomy and its complications.

Objective: The purpose of this analysis is to determine the factors leading to and outcomes after emergency postpartum hysterectomy in our hospital, in an era of increased cesarean deliveries.

Methods of study selection: the study included cases of EPH performed at the time or within 48 hours of delivery, and described factors leading to uncontrolled postpartum hemorrhage, in women who delivered after 24 weeks of gestation. It was an retrospectiv analysis of 38 cases, in University Hospital "Mbreteresha Geraldine", since 2006-2011. Demographic maternal characteristics, previous uterine surgery, conservative procedures to prevent emergency postpartum hysterectomy, type of hysterectomy (total or subtotal), factors leading to emergency postpartum hysterectomy, and maternal morbidity and mortality related to emergency postpartum hysterectomy were abstracted, presented as proportional rates (percentage).

Results: Maternal demographic characteristics showed that mean maternal age was 29,24 years old. Parity was reported in all 38 women, most of whom were multiparous (54 %). The type of hysterectomy was specified in 57,9% of cases of emergency postpartum hysterectomy (total hysterectomies 18,2%; subtotal hysterectomies, 81,8%). Additional surgery was required in 5,3% of cases. Of these cases, 63.0% had undergone uterine surgery in their obstetric history (e"1) and 15,8% of these cases underwent gynecologic surgery other than cesarean delivery. The indication for EPH was listed: abnormal placental adhesion (38%), uterine atony

(29%), placenta previa (12%), undefined bleeding (9%), abruptio placenta (7%), uterine rupture/dehiscence (2%), myoma (1%), hematoma (1%), other (< 1%). In 90% of women, an attempt to stop bleeding was performed before hysterectomy with either administration of uterotonics, or surgical techniques (curetting of the placental in all dhe cases with cesarian delivery and only in 4 cases with vaginaly delivery. Maternal morbidity rate was 52,6% : fever (36%), KID(12%), infection (16%), genitourinary (11%), pulmonary (11%), gastrointestinal (5%), neurological (3%), renal (1%), cardiovascular (1%). 44,7% of women required blood transfusion. The maternal mortality rate was 2.6%, only one of 38 cases.

Conclusion: Women at highest risk of emergency hysterectomy are those who are multiparous, had a cesarean delivery in either a previous or the present pregnancy, or had abnormal placentation.

Key words: used were "postpartum bleeding," "postpartum hysterectomy," "uterine atony," "c(a)esarean hysterectomy," "placenta accreta," "increta," "percreta," and "placenta previa."

IMPACT OF STIs PREVENTION STRATEGIES IN REDUCING MATERNAL AND NEONATAL HEALTH CONSEQUENCES

Lumturi Mërkuri, Robert Qirko, Pëllumb Pipero

Background. Investing to prevent the adverse pregnancy outcomes relating to STIs is today a global challenge. Untreated STIs are associated with consequences at mother and neonates health. Over 35% of pregnant women with untreated gonococcal infection resulting in abortion and preterm birth and over 10% in perinatal deaths. In pregnant women with untreated syphilis 25% resulting in preterm birth and 14% of neonatal deaths. Worldwide, 1000-4000 babies become blind every year because they are born from mothers with untreated gonorrhea and chlamydia. *The purpose* of this paper is to present current effective strategies in the prevention of sexually transmitted infections.

Methodology: This is a systematic review of the literature related to STI prevention strategies, in order to select current and the best practices in this area (EBM). We have consulting many strategic documents especially WHOs.

Discussion: Strategies of STIs prevention should include this components: a review of relevant policies; promoting healthy behaviors (safer sex, treatment care, partner notification and management of infections in sexual partners); care STIs in antenatal services (screening for neonatal syphilis and other STIs, neonatal ophthalmic prophylaxis, hepatitis B vaccination), ensuring a safe, quality and affordable supply of medicines and commodities for the prevention of STIs including condoms and strengthening the supportive components (adaptation of guidelines, training, logistical support and laboratory). Promotion of male responsibility to empowering women, building intersectoral partnerships, community involvement, reduction of stigma and discrimination are key principles in the prevention of STIs. **Conclusions.** Preventive strategies should describe the essential elements of effective response to the burden of infection. They should be designed based on lessons learned that should be scalable. New ways must be explored to apply these strategic elements.

PRENATAL MATERNAL CHARACTERISTICS, RELATION BETWEEN GENDER OF BABIES, MACROSOMIA AND CESAREAN RATIO

Meral Rexhepi, F. Besimi, N. Rufati, H. Karaxhenemi, E. Zulbeari

Objective: The aim of the study was to determinate the prenatal maternal characteristics in fetal macrosomia and to investigate the relationship between the gender of babies, Caesarean ratio and birth weight in pregnants admitted to our clinic.

Materials and methods: Retrospective case-control type of study. In our study were obtained 331 patients who gave birth babies weighing over 4000 gr of a total of 4737 births in Tetovo Clinical Hospital, in period from 01.11.2010 until 31.10.2012. Control group is represented with 4406 cases with babies weight 2500-3999 gr. Data were analyzed retrospectively. Were recorded maternal age, parity, mode of birth, weight and sex of the baby. Relationship between the gender of the baby, macrosomia and Cesarean ratio was analyzed with statistical method.

Results: The total number of cases with fetal macrosomia was 331 cases (6.98%), (331/4737). 296 cases of these (6.24%) were the weight of 4000gr-4499 gr and 35 cases (0.73%) with weight over 4500 gr. Macrosomia dominated maternal age group 21-30 years, 224 cases (67.6%). 138 cases (41.6%) cases were second deliveries. Number of cases of fetal macrosomia was higher in rural areas, i.e urban-rural ratio was 106 cases (33%): 225 cases (67%). The total number of cases born with Caesarea section in the study group was 104 cases (31.4%), whereas in the control group 1122 cases (25.4%). Baby sex with caesarean birth was 723 cases (54.53%) males and 603 cases (45.47%) females. An important statistical significant correlation was not found between fetal sex and cesarean birth ($p > 0.05$). The distribution of 1326 babies born by cesarean operation based on the birth weight, was as follows: weight under 3000 g, 144 cases (47.1%) of babies were male and 162 cases (52.9%) of babies were female, in cases between 3000 - 3999 g, 508 (55.28%) were male and 411 (44.72%) were female. Weight over 4000 g: 81 cases (73%) were male and 30 cases (27%) female. No statistically significant relation could be found in the group of babies with a weight less than 3000 g and weight between 3000-3999 gr. In the macrosomic babies group, the number of male babies was greater than females and this was statistically significant ($p<0.05$).

Conclusion: There is no statistically significant relation between gender of babies and cesarean ratio was found, but we found the relationship between gender of babies and macrosomia, and that was statistically significant. According to our study, macrosomia was more common in the male gender.

Key words: Macrosomia, birth weight, gender, cesarean.

NEW CRITERIA FOR THE DIAGNOSIS OF GESTATIONAL TROPHOBLASTIC DISEASE

Merita Alushani, Ermira Kasa

Background: The purpose of the study was to test the hypothesis of whether the combined use of ultrasound and human chorionic gonadotropin (hCG) determinations could increase the diagnostic accuracy of sonography in the diagnosis of hydatidiform mole. The criteria used were the absence of fetal heart movement by ultrasound when the hCG

level was above 82,350 mIU/mL and the presence of an hCG level in excess of 2 SD above the mean for the biometrically derived gestational age for suspected partial moles. The threshold of 82,350 mIU/mL was derived by probit analysis of the hCG serum levels of a population of normal intrauterine pregnancies prospectively examined to determine the level of hCG at which fetal heart activity would be visible by sonography. The diagnostic accuracy of these criteria was compared with the preoperative sonographic examination in 36 hydatidiform moles. When sonography was used alone, 15 of 36 cases (41.6%) did not have a definitive diagnosis on the first examination. The combination of hCG and ultrasound would have correctly identified 32 of the 36 cases (88.8%). This improvement was statistically significant (P< than. 005). Ultrasound is the method of choice for the diagnosis of hydatifoem mole.Serum titres of hCG have been used to monitore tumor regresion following evacuation of molar pregnancy. However, they have been considered to be of limited value in the primary diagnosis of gestational trophoblastic disease.The reason for this is overlapt between the serun hCG in normal pregnancy and hydatiform mole. Sonographic diagnosis is generally achived in second trimester when the typical vesicular pattern has developed. Sonographic identification of the disease in the first trimester has been recognised to be difficult because the vesicles are too small to be resolved by ultrasound. In view of the correlation between sonographic landmarks in early pregnancy (apperance of a gestational sac, fetal heart activity) and serum hCG titre 82,350 mIU/ml, we decided to examine the hypothesis of whether failure to see fetal heart activity or a gestational sac above given serum hCG titre could be used as a diagnostic criteria for hydatiform mole.

The aim of the study: The purpose of this study was to investigate whether or not the combined use of sonography and serum hCG determinations would enhance the specificity of the sonografic findings, and permit an earlier diagnosis.

Material and Methods: Prospective study of 36 patients in first trimester of pregnancy. All patients were referred for sonography and hCG determinations because of bleeding in the first trimester or a history of a previous pregnancy failure. Pacients were examined by using Siemens Acuson X300 (ultrasound model), Radioimmunoassay (RIA) for hCG determination was used.Serum for hCG determinations was drawn at the time of the initial ultrasound examination.

Results: 36 patients were selected to be examined. 28 of them had first trimester bleeding. 8 of them had a history of a previous pregnancy failure. Ultrasound diagnosis in 21 cases 58.4% was correct for hydatiforme mole, 15 cases 41.6% the diagnosis were missed abortion, blighted ovum, incomplet incompet. The combination of the ultrasound and the level of hCG 82 350mIU/ml diagnosed correct 32 cases from 36 cases (88.8%) with hydatiforme mole, and 4 cases 12.2% the diagnose were incomplet abortion. 32 cases diagnosed correct with hydatifom mole, in 28 cases fetal heart motions were not visible althought the hCG level was 82.350,4 cases gestational sac were smaller, 4 cases were echogenic uterin contents. **Conclusion:** Routine ultrasound examination in the first trimester have a 58.4% specificity in the diagnosis of hydatiforme mole, specificity, which increases if done serial measurement of hCG and goes up to 88.8%. The most frequent presenting symptom of patients with hydatiform mole is vaginal bleeding.The combined use of hCG and ultrasound may permit the identification of patients at risk for gestational trophoblastic disease in the first trimester of pregnancy.With the increasing avaibility of prenatal diagnosis techniques (eg.chorionic villous biopsy), the opportinity for a hystologic and chromosomal diagnosis becomes posible. An early diagnosis is desirable as there is evidence that diagnostic delay is associated with greater maternal morbidity and an increased risk of post molar trophoblastic disease.

SENSITIVE SWAB USE IN VULVO-VAGINITIS DIAGNOSIS

Mimoza Keta, Rubena Moisiu, Arjan Alikaj

Introduction: Assessment of pH in the vaginal secretions, for the diagnostic of vulvo-vaginitis usually is not described in the tests performed in laboratory. The assessment of the characteristics and advantages of the use of the sensitive swab in diagnose of vulvo-vaginitis, is the purpose of this study.

Method: Were taken for the study 193 women with symptoms of vulvovaginitis and 74 asymptomatic women, in Peqin district (Bishqem, Paulesh, Pajove, Sheze). The sensitive swab was administered intra vaginal and was made the interpretation of the results. Results were compared with clinical and laboratory diagnosis. At women with elevated level of pH due to bacterial vaginosis, trikomoniasis and other types of vaginitis, resulted respectively with sensitivity and specificity 82.3% (102 from 124) (95% CI 74.7%-88.8%) and 94.2% (129 from 137) (CI 88.8% to 97.4%). Comparison of the results between sensitive swabs to pH measurement with paper nitrazine, were 86.2% (95% CI 81.3%-90.1%).

Conclusions: Sensitive swab offers a more stable alternative compared with vaginal pH measurement with paper nitrazine. Use of this quickly and simply test, may facilitate the diagnosis of vulvovaginitis.

MANAGEMENT OF CERVICAL PREINVASIVE DISEASE

Mirela Rista

Cytology, colposcopy and histopathology are standard methods for the diagnostics of CIN. The natural history of cervical cancer has been look as a sequential multistep process of transformation from cellular atypia through cervical intraepitelial neoplasia (CIN) to invasive cancer. The duration of this process is supposed to exceed 10 years, which gives enough time for the detection and adequate management of preinvasive cervical lesions.

During the last decade the trend in management of cervical lesions is more conservative methods in treatment of CIN.

All women treated for high grade CIN, require regular follow-up with cytology and colposcopy.

MANAGEMENT OF PREGNANT WOMAN WITH A BACTERIAL HEPATIC ABSCESS: DIAGNOSTIC AND THERAPEUTIC CHALLENGES

Monika dede, Enkeleda Prifti, Arben Gjata, Vasilika Mano, Ermira Muço, Elda Qyra, Edmond Puca, Tritan Kalo, Arben Pilaca, Entela Kolovani, Esmeralda Meta, Dhimiter Kraja, Arjan Harxhi

Case Study

Background: Diagnosis and management of liver abscess is somehow difficult, mainly because there is a significant overlap in the clinical and imaging test features of amebic

abscess, infected hydatid cyst and pyogenic abscess, especially in endemic regions. Although management has changed in the last years thanks to advances in the imaging tests and in endoscopy and interventional radiology, the strategy for effective treatment has not been established at the present time.

Aim: To present the diagnostic and therapeutic challenge of a case of hepatic abscess complicated by biliary fistulas in a pregnant woman.

Method: This is a descriptive case report study. The clinical, radiological, laboratory and therapeutic findings of a 33 years old pregnant woman with a hepatic abscess are described.

Results: A 33 years old women pregnant woman at 31 weeks of gestation presented with a history of recent onset of fever of 39-40 C, sever chills, malaise. Two years ago she was undergone a surgical intervention for a hepatic hydatic cyst. On PE she presented with a erythematous rash on the body. Imaging exams (ultrasound and MRI) revealed the presence of a massive formation in the VI-IV segment of the liver 10,5 x11,3 cm with septae inside and minimal perihepatic and subhepatic liquid. Lab exams were within normal apart of a slight increase of liver enzymes. The serology test for echinococus was negative. She was treated for 5 days with Cefepime and Metronidazole IV for 5 days and released on Ampicillin per os. She was referred again in the hospital after 2 weeks presenting again with high fever of 40 C and chills. Laboratory exams revealed leukocytosis (WBC 26.000/ul). After 7 days of conservative treatment with Ampicillin 12 gr IV and Metronidazole IV, a percutaneous drainage was performed under ultrasound guidance and 1 liter of seropurulent liquid was evacuated. The general condition and fever were dramatically improved afterwards. The serratia liquofaciens was grown in the culture of blood and evacuated abscess. According to the antibiogram the patient was treated for 10 days with Cefotaxim IV. A biliary liquid at a quantity of 300-500 ml per days is collected from the drainage. A month after she was doing well and finally underwent a cesarean section intervention without complications.

Conclusions: This case report underscores the challenges that ID physicians, obstetricians and surgeons could face to properly differentiate, diagnose and manage the hepatic abscess in a female pregnant patient with a history of hepatic hydatic cist surgery.

THE ROLE OF ANTENATAL SCREENING (DOUBLE TEST) AND AMNIOCENTESIS ON THE DOWN'S SYNDROME DIAGNOSIS – OUR EXPERIENCES

F. Muhaxhiri, M. Kotori, M.Hoxha-Muhaxhiri, A. Muhaxhiri

Description: Antenatal screening-double test identifies high risk pregnancies on having Down's syndrome. The antenatal double test includes the assessment of the risk based on the electronic data processing of the maternal serum markers the Pregnancy Associated Plasma Protein (PAPP-A) and free ß-subunit of human chorionic gonadotropine (Free ß-hCG) and the ultrasonographic markers the Nuchal Translucency-NT. The test is performed between 11w0d-13w6d of pregnancy. According to the risk of having the Down's syndrome pregnant women are distinguished into the group of high risk (>1/250) classified as screen positive, and the others as low risk (<1/250) classified as screen negative.

Aim: Was the assessment of correlation between the data collected from the double test classified high risk pregnancies and the amniocentesis in our center.

Material and Methods: The study included 622 pregnant women tested during the period February 2011-September 2012 aged 22-42 years on gestational age 11^{+0} till 13^{+6} weeks of gestation. The testing of the maternal serum biomarkers (Free ß-hCG and PAPP-A) has been performed on Roche Elecsys 2010, with the Electrochemiluminiscence method. Measurement of the NT has been performed in our center using the Toshiba Xario XG ultrasound with 3D/4D PVT675 convex probe. The risk calculation has been realized on the FMF-King's College licensed software, where the woman age, gestational age-CRL, parity, smoking, body mass index and ethnic origin has been entered too. Amniocentesis has been performed in our center between the 17w1d-20w6d weeks of gestation on ultrasound guided free hand technique using the 22Gx200mm Egemen needle.

Results: Among 622 tested pregnant women, with the high risk on Trisomy 21 (>1/250) resulted 37 (5.94%) which then have been recommended to be further tested by amniocentesis. From this group 29 woman have undergone the amniocentesis whilst 8 did not accept the procedure and terminated their pregnancies by in term delivery having the healthy babies. Among 29 performed amniocentesis 2 of 29 (6.8%) or (3.21‰) cases of the total number tested resulted with Trisomy 21 and have been referred to the Department of Gynecology and Obstetrics for the pregnancy termination.

Conclusions: Antenatal screening test for the Down's syndrome is a non invasive test, able to be realized in the early gestational age enough to be undertaken further diagnostic procedures, it is easy to be performed and cost effective.

Key Words: Antenatal Screening, Amniocentesis, Down's syndrome.

TREATMENT OF RDS WITH CPAP AND SURFACTANT

Mynevere Hoxha, Syheda Latifi-Hoxha, Miradije Hyseni, Rexhep Hoxha, Lindita Kryeziu, Shpëtim Salihu

RDS is one of the most important causes of morbidity and mortality in newborns. Surfactant and mechanical ventilation are standard treatments for RDS. Mechanical ventilation is more invasive and can damage airways and lungs. Our objective was to analyze our experiences regarding the treatment of newborns with RDS by surfactant and nasal CPAP. We analyzed 130 histories of newborns which were treated with surfactant and 79 histories of newborns that were treated only by CPAP without the administration of surfactant and compared these treatments and outcomes of babies: Average birth weight: CPAP group is 1700 g, surfactant group is 1498 g; from multiple birth: CPAP group is 23.8 %, surfactant group is 38.4%; average days in treatment with CPAP: 4 days for CPAP group, 9 days for surfactant group; average days in mechanical ventilation: 5 days for CPAP group, 11 days for surfactant group.

CPAP therapy shortens the hospital stay, decreases need for mechanical ventilation, increases survival rate of babies, decreases incidence of BPD, decreases need for supplemental O2 at 36 weeks corrected age.

Key words: RDS, CPAP, surfactant.

CONGENITAL HEART SEPTAL DEFECTS(CHSD): CLINICAL AND ECHOCARDIOGRAPHIC DIAGNOSIS. FREQUENCIE AND TIME OF DIAGNOSIS IN THE NEONATAL PERIOD (3 YEARS EXPERIENCE)

Albert Koja, Niketa Koliçi, Numila Kuneshka, Durim Bebeçi, Guriel Nasto, Lucian Mitro, Emariola Brahimllari

Septal defect (DIA, DIV, A-V defect) are the most frequent congenital heart defect , near 35-40 % of all of them. Prevalence is 1-4/1000 live birth, and often are associeted with other congenital heart defects. Large and not treated defects in the right moment are associeted with serious complication like: heart faillure, arrhythmias, pulmonary hipertention etc.

A systolic murmur can be the first signe of the congenitatal heart defect in a newborn babies, and in the same time the most commun reason of for a cardiopediatric consultation. Prevalence of presence of a systolic murmur in neonatal periode is different in different articles and is published from 0.9 to 77.4%. This difference in prevalence seems to be related to with the size of the study.

Aim. To assess the frequency of congenital heart septal defect in neonate referred to our pediatric cardiology service, the single pediatric cardiac tertiary center in Albania.

Methods. Were analysed retrospectively the data-base of the outpatient clinic of our service, all neonates during june 2009-june 2012, referred for evaluation by the Pediatric community. Referral reasons was a systolic murmur. All patients were evaluated with physical examination and echocardiography.

Results: A systolic murmur often is not associeted with clinical manifestations, but is strongly related with a DIV . More affected are male neonates. The high incidence of these defects draws attention to a careful examination of newborns in terms of time to capture the heart defects that would later complicate the future of healthy children. Diagnosis and timely correction of congenital heart diseases, cures or improves quality of life.

Keywords: congenital heart diseases.

EXERCISE DURING PREGNANCY BENEFITS, RISKS AND RECOMMENDATIONS

Rustem Celami, Astrit Bimbashi, John Mcgrath, Bevin Bart

Over the last 50 years the medical complications associated with a sedentary lifestyle have been well documented as have the health benefits of regular exercise. This first became common knowledge in the 1970s and immediately the general public's awareness about the value of maintaining an active lifestyle increased. As a result, running, weight training, and many health club activities (e.g. aerobics, stationary bike, swimming) became an intergral part of many reproductive age women's lifestyle and most (more than 90%) planned on continuing their exercise regimen throughout pregnancy. Unfortunately, in the late 1970s and early 1980s, there was little or no information available to support that decision and there were many theoretical concerns that strenuous exercise might harm the fetus and/or the mother-to-be. By 1985, the American College of Obstetricians and Gynecologists (ACOG) decided that the benefits of regular exercise outweighed the risks for healthy women with normal pregnancies and published a set of logical guidelines for safe exercise during pregnancy. Although they provided badly needed standards for healthcare providers to follow, they were based on theory and therefore necessarily conservative. Unfortunately, their multiple limitations and exclusions were not well accepted by many active women, which created conflict with their healthcare providers and occasional guilt. The lack of information, however, also stimulated research that eventually answered many of the questions and alleviated the concerns raised by healthcare providers and recipients alike. It focused in two areas. First, an assessment of both maternal and fetal responses to an acute bout of exercise. Second, an evaluation of the effects of regular exercise on the course and outcome of pregnancy. Over the last 30 years the results have been generally positive and, as a result, ACOG revised and updated the guidelines for exercise during pregnancy in 1994 and again in 2002. Currently, regular exercise during normal pregnancy appears to be beneficial to both mother and fetus. Beginning or continuing a structured exercise regimen is strongly recommended by both the American and Canadian Colleges of Sports Medicine and their respective Obstetrical Societies. However, the type of exercise performed, its duration, its intensity, and its frequency remain somewhat controversial. These issues are now the subject of ongoing research as is the potential value of regular exercise in the prevention and/or treatment of pregnancy complications. This article aim is to provide a brief review of exercise during pregnancy. It begins with an overview followed by a discussion of the interaction between the physiologic adaptations to pregnancy and the physiologic adaptations to exercise. The latter will emphasize that the overall interaction is beneficial for both mother and fetus. The benefits, risks and potential preventive value of exercise during pregnancy is then addressed, followed by a brief set of recommendations.

Key words: pregnancy, physiologic, exercise, benefits, risks, recommendations.

MISOPROSTOL FOR TERMINATION OF MID-TRIMESTER POST CAESAREAN PREGNANCY

Saimir Cenameri

Objective: To evaluate the efficacy and safety of PGE_1 analogue, misoprostol, for inducing abortion or labour during mid-trimester in women who have had a prior Caesarean section (one or more).

Study design: Were studied women who had to undergo termination of pregnancy between 13 and 28 weeks of

gestation for various indications and who had at least one previous Caesarean section. The study was conducted in the University Hospital of Obstetric & Gynecology "Koço Gliozheni" Tirana-Albania between the period april 2004 to july 2006. The standard regimen for misoprostol in all the cases was 400 µg, either vaginally or oraly every four hours (up to maximum 48 h). A contemporaneous cohort of women undergoing the same procedure for similar indications but without scarred uteri served as control.

Results: 13 women in the study group underwent termination procedures for unwanted pregnancy, missed abortion, PROM, fetal anomaly or fetal death. The median induction–abortion interval was 21.5123 h (SD 14.1583) and did not differ much from that in women without previous Caesarean delivery (median: 18.6506 SD 13.3743 P=0.60). Misoprostol was found to be safe in our cohort of post-Caesarean women and there was no case of scar rupture or dehiscence (rupture of posterior fornix in 2 cases). No significant differences in rates of incomplete abortions, blood loss or sepsis were detected in the study group compared to the control group.

Conclusion: The use of misoprostol for mid-trimester pregnancy termination is not contraindicated in women with Caesarean scar and is effective and comparable with those in women without scarred uteri.

THE PRENATAL SONODIAGNOSTIC OF MOST COMMON CONGENITAL ANOMALIES AS PART OF THE PERINATAL DIAGNOSTIC

Selami Sylejmani, Shqipe Fetiu, Sebahate Sylemani Shala

Introduction: The perinatal Diagnostic includes a number of diagnostic methods which helps highlighted or excluded chromosomal aberrations of the fetus, a significant number of congenital metabolic disorders and hereditary diseases linked to the X chromosome and a range of fetal morphological anomalies, where their place in the diagnosis of voice sono-diagnostics. Fetal congenital abnormalities occur in about 3-5% of newborns.

Aim: The aim of the paper is to point out the role of sono-diagnostic in obstetrics, perinatal diganostic form and present our experience in prenatal diagnosis of congenital anomalies with the help of this diagnostic method.

Key data. According to the latest protocols antenatal ultrasound diagnostics should be organized at two levels: 1) Basic ultrasonography, which has become an integral part of antenatal diagnostics. In this regard should be included for all pregnant women visit. 2) Specialized ultrasonography, in organized in secondary and tertiary level health centers. These centers are specialized to differentiate and pathological pregnancies verification and putting the final diagnosis.

In the past ten years there have been some multicentric studies in Europe and the U.S., more and more proven success of diagnostic ultrasound in the evaluation of congenital anomalies in low-risk pregnant population. This scale goes up to 74-75%. About 3% of all pregnancies end with the birth of children with genetic disorders or congenital defects. These anomalies are the main causes of perinatal mortality. About 7-8% of births end with the birth of children with minor anomalies. New methods of conventional sonodiagnostic as ultrasound with high resolution enabled the advancement of this diagnostic method. Trans-vaginal ultrasonography with high resolution, has opened a new scientific discipline sono-embriology, which deals with the study of embryonic development. Pulsated Doppler enables detecting fetal chronic hypoxia time. Spent more than 15 years from when I started using of 3D ultrasonography apply in clinical practice, and now talk of 4D ultrasonography coupled with impressive images live HD technology.

Conclusion: Although technological development is under refinement, conventional sonodiagnostika will be based method in prenatal diagnosis, but other things, the very fact of this technology affordable cost. Additional techniques (3D and 4D) in special cases are an aid to prenatal diagnosis. In Kosovo, diagnostic sonography still is the main method if not only in prenatal diagnosis.

Keywords: Sonodiagonstic in obstetrics, congenital abnormalities.

ASSESSMENT OF PRE-PREGNANCY BODY MASS INDEX AS A RISK FACTORS FOR PRETERM BIRTH

Sonela Xinxo

Preterm birth has been consistently associated with low weight of pre pregnancy, while its relationship with overweight or obesity of pre pregnancy is still unstable. The aim of the study is to determine how the pre pregnancy body mass index (BMI) affects the preterm birth.

Material and methods. In the study (defined as case control study) were included 100 women who had given a premature birth (<37 weeks) and 200 women with a normal birth regarding the age of pregnancy in both obstetrical hospitals of Tirana (only singleton pregnancies are included in the study). For each participant of study, BMI was determined based on self-report of weight and height of pre pregnancy. To determine an accurate relationship, BMI was considered as a categorical variable (underweight, normal, overweight and obese) and as a continuous variable within the above categories. Multivariate logistic regression model and correlation techniques are used in the statistical analysis.

Results: In the multivariate logistic regression, women with BMI <18.5, defined as underweight, are more likely (about 7 times) to have a preterm birth compared with women with normal weight (OD = 7 95% CI = 2.5-19, p <0.001), while women with overweight or obese do not appear to have a higher likelihood of preterm birth compared with women with normal weight. The correlation technique, when BMI is used as a continuous variable, shows that for IMT to 18. 5, any increase in IMT values reflected in the reduction of risk of preterm birth ($\tilde{n}$ = -0.45, p <0.05). In the category of normal body mass and overweight has not significant relationship between IMT and preterm birth, while among the obese women any further increase in BMI value is associated with increased risk for preterm birth ($\tilde{n}$ = 0.7 p <0.05), a result which was "covered" when BMI is considered only as categorical variable.

Conclusions: Often, the use of BMI only like categories (underweight, normal, overweight and obese) may lead to mistaken interpretations of risk and thus do not consider the obesity as a risk. Both the obesity and underweight of pre pregnancy have a negative impact on preterm birth and any increase of BMI over 30 kg/m^2 or decrease under 18.5 kg/m^2 should be considered as a risk factor for preterm birth.

DOES PREGNANCY HYPERTENSION AFFECT THE CARDIOVASCULAR SYSTEM OF WOMEN WHO HAD PREVIOUSLY BEEN HEALTHY?

Sonila bele, Elizana Petrela, Luljeta Çakerri

Introduction. Pregnancy hypertension as the most common medical problem encountered during pregnancy is a risk factor for cardiovascular complications. Heart's structural and functional effects are not fully evaluated, particularly in Albania. Echocardiography is relevant to be used and applied on this purpose but echocardiographic criteria aren't completely defined for such cases.

The aim of the study: To study whether pregnancy hypertension affects the cardiovascular system of women who had previously been healthy.

Methods and results: 81 patients of the age 30.2 (± 6.06) studied for this research were in the 33.3 (± 5.3) week of their pregnancy complicated with pregnancy-induced hypertension (chronic or transitory pregnancy hypertension diagnosed in the second half of pregnancy), 37 patients of the age 30.1 (± 5.2) were in the 33.1 (± 6.4) week of their pregnancy complicated with chronic hypertension (TA e" 140/90 mm Hg before the 20th week of pregnancy), and 59 patients of the age 30.6 (±6.9) were in the 33.2 (± 6.9) week of their pregnancy complicated with pre-eclampsia (TA e" 140/90 mm Hg after the 20th week of pregnancy and albuminuria of 24/ h> 3gr) nested in. Measurements were carried out in their weight, length, TA, ECG, transthoracic ECHO, laboratory analyses. Patients with pre-eclampsia have an additional bigger weight of 16.37 (±5.34), compared to those without pre-eclampsia (p = 0022) as well as greater BMI 32.88 (± 5:59), but as far as BMI is concerned the difference between groups is not significant (p = 0072). The indexed measure of the left ventricle (LVMi) has been analyzed as well as its wall relative thickness (TMR). The form of geometric remodulation found more often within the three groups is eccentric hypertrophy, that prevails in the PIH group (71,6% of cases). A counter-relation was found between diastolic dysfunction and geometric remodulation. (r=-0,127, p=0,051). To evaluate left ventricular diastolic function, mitral inflow were used. Ractional shortening and left ventricular muscle mass were calculated. From the analysis of echo-cardiographic data to evaluate the diastolic function it resulted that the diastolic dysfunction is often found in the CH group (43%), pseudo normal pattern is often found in the PIH group (32%), and restrictive pattern is often found in the pre-eclamsia group (22%).

Conclusion: The data of this study found that pregnancy hypertension affect the function of the left ventricle, damages the diastolic function as well as helps in its geometric remodeling. In order to assess whether these changes persist, an evaluation of the patients' performance after birth should be conducted.

THE ROLE OF FETAL FIBRONECTIN IN VAGINAL SECRETIONS AND THE CERVICOMETRY IN THE PREDICTION OF PREMATURE DELIVERY

Teuta Bare, Anila Mitre, Ervis Vata, Endrin Shkurti, Odeta Hoxhaj

Premature delivery has an important role in perinatal illness and mortality, it happen in 8-10% of delivery.

Aim of the study: To prescribe the diagnostic performance of the measurement of the cervix of the uterus, fetal fibronectine in vaginal secretions in prediction of premature delivery in the patients whith uterine contractions and intact membrane (28-37 weeks pregnancy).

Method: There are 157 pregnant patients 28-37 weeks with premature contractions, dilatation of the uterine cervix <3cm, admitted in UHOG "Mbreteresha Geraldine" during the period November 2011-june 2012. The cervicometry is carried out in vaginal route (ultrasonography). In the study were included the pregnant. 1) Single fetus; 2) 3 uterine contractions during 30 min; 3) gestational age 28-37 weeks; 4) Dilatation of uterine cervix <3 cm; 5) intact membrane. Statistics analyze includes chi-square test, the characteristic (ROC) analyze curb. It is studied the sensitivity, specificity, positive and negative predictive value of them.

Conclusion: The cervicometry is a good predictor of premature delivery; 2)short cervix (the length <15mm) identifies the pregnant patient with the risk for premature delivery; 3)The cervix >30mm identifies the pregnant patients with low risk for premature delivery; 4)positive fetal fibronectine test was connected with spontaneous premature delivery; 5) use together the cervicometry and fetal fibronectine in vaginal secretions reinforce the predictivity of premature delivery better than each test alone. This effect was noted when the length of the cervix was <30mm.

GROWTH PATTERN OF TWINS IN COMPARISON TO THAT OF SINGLETONS

Vasil Angjeli

Twin pregnancies are a high-risk situation to the mother and the fetus; therefore the proper and continuous follow up is the key to a normal outcome. The current obstetric practice relies on comparing the twin's measurements throughout the gestation by using centile charts of singletons, providing a situation prone to errors in the management of these pregnancies. The purpose of this study was to construct centile charts of growth of twins and to compare them with the existing for singletons, to assess the variations in different ethnic groups. It was a retrospective study bases on data collection of ultrasound measurements the abdominal circumference (AC), biparietal diameter (BPD), femur length (FL) and head circumference (HC) of twin pregnancies from the year 2000 to 2007 that had their follow up at the University College London Hospital and it's Fetal Medicine Unit. The analysis method used for the construction of charts was a modification of the one described by Altman and Chitty (1994), and Royston and Wright (1998).

The analysis showed that twins AC follow the growth of singletons until the 27th week of gestation and thereafter has a gradual fall, the twins BPD is larger than the singletons until the 32 weeks of gestation and falls thereafter, the fall of the twin's FL stars at around 35 weeks, and the twin's HC follows that of singletons until the 32nd week of gestation and then gradually decreases. The very small sample size of the African Caribbean and Asian ethnic group could not allow their analysis and therefore no charts were constructed.

This study shows that the use of singletons charts to monitor growth in multiple pregnancies is not appropriate.