and she wanted to terminate her pregnancy. After receiving the consent of her husband, preoperative preparation was made. Curettage was performed in the operating room. No complication occurred. The patient was discharged after postoperative 6rd hour.

**Results:** Historically, it was difficult to diagnose CPs and they were identified at later gestational ages compared to the tubal ectopic pregnancies. Since the cervical tissue had a relatively large gestational sac and a highly vascular nature, treatment of CP was often associated with massive hemorrhage from the implantation site, frequently requiring hysterec-
momy. In a study performed by Matteo et al. in 2006, the authors also used hysteroscopy to successfully resect a CP (after two cycles of methotrexate treatment in this patient) and they found that the hemostasis could be achieved via direct hysteroscopic coagulation of bleeding vessels.

**Conclusion:** The principal targets in the management of any cervical ectopic pregnancy are to minimize hemorrhage and preserve future fertility. Therefore, these goals should be kept in mind when choosing treatment modalities.

**Keywords:** Cervical pregnancy, ectopic pregnancy.

**PP-091**

**Interest of ultrasound measurement of cervical length in the diagnosis and prognosis of preterm labor**

Chiraz Elfekih, Mohamed Chokri Hnifi, Asma Fatnassi, Faouzia Hmila, Mounira Chaabene

1Department of Gynecology & Obstetrics, Mahmoud el Matri Teaching Hospital, Faculty of Medicine of Tunis, Tunisia; 2Department of Radiology, Mahmoud el Matri Teaching Hospital, Faculty of Medicine of Tunis, Tunisia

**Introduction:** The preterm labor is a common pathology in obstetrics. Note that 9% of births are premature (2010). The problems of prematurity are the importance of a reliable diagnosis. Endo vaginal ultrasound measurement of cervical length is a way more employees for this purpose.

**Objective:** Compare the diagnostic and prognostic accuracy of the vaginal ultrasound measurement of cervical length. Specify the positive predictive value of spontaneous preterm birth.

**Methods:** They are 100 cases of MAP with intact membranes seen in the hospital Mahmoud El Matri. Terms of pregnancy vary between 28SA and 36SA 6 days.

**Results:** The average age of patients was 28.74 years, mean parity was 1.79. The medium-term pregnancy is 33WA 4 days with extremes in 28WA and 36WA. On admission the vaginal examination showed a greater than 1 finger dilatation in 69% of cases with a deletion greater than 50% in 40% of cases. Cervical length is in 41% of patients lower or equal to 25 mm and in 59% of patients it is less than 25 mm. The average length of the neck is 26.85 mm. For an equal length of neck 25 mm negative predictive value is equal to 86.27 with good specificity to 68.75. For cervical length 20 mm we have a weak VPN. For cervical length 30 mm we have a low specificity. Of the 100 women admitted for MAP 28 and 72 gave birth prematurely to an end.

**Conclusion:** The measurement of the cervix by trans-vaginal ultrasound is a part of everyday obstetric practice. Objectivity and low inter-operator variability allowed such additional examination to become an extension of the clinical examination.

**Keywords:** Ultrasound, cervical length, preterm labor.

**PP-092**

A case of complete hydatidiform mole co-existing with a twin pregnancy after intra-uterine insemination

Ali Taner Anuk, Turab Janbakhishov, Ferruh Acet, Ufuk Atlahan, Sabahattin Altunyurt

1Department of Obstetrics and Gynecology, Dokuz Eylul University School of Medicine, Izmir, Turkey; 2Department of Obstetrics and Gynecology, Baku University School of Medicine, Baku, Azerbaijan; 3Department of Obstetrics and Gynecology, Gumushane State Hospital, Gumushane, Turkey; 4Department of Obstetrics and Gynecology, Dokuz Eylul University School of Medicine, Izmir, Turkey

**Objective:** The aim of this study is to discuss the management of complete hydatidiform mole co-existing with a twin pregnancy after intra-uterine insemination which is clinically quite rare.

**Case:** A 33-year-old, gravida 1 para 0 woman presented to our clinic; pregnancy following the intra-uterine insemination in another medical center with echogenic mass ultrasound finding which is more appropriate for mole hydatidi-
form. The first trimester ultrasound examination revealed a normal fetus and a large cystic echogenic mass in the uterine wall near the placenta. Fetal biometry was compatible with 12 weeks gestation and the echogenic cystic mass size was 4x5 cm at front of the uterine wall. The patient was asymptomatic. Her quantitative serum human chorionic gonadotropin was 1191602 mIU/ml. After the two days, the control measurement of serum β-hCG was 911901 mIU/ml. The chest X-ray was evaluated normal. In magnetic resonance imaging, in the uterine cavity there were two gesta-
tional sac and a one live fetus with multicystic echogenic mass was demonstrated. Trophoblastic invasion was not dif-
Case: Twenty-seven-year-old G2P1A1 patient referred to our clinic with spotting complaint after 6 weeks of delayed menstruation. It was found in the transvaginal ultrasonography that there was an image consistent with the gestational sac with the size of 57x45 mm on isthmus level. It was observed that the gestational sac was localized in cesarean scar region and thinned down the myometrium in this region. Myometrial thickness was measured as 4.6 mm in the region adjacent to the bladder. The patient having βHCG value as 1670 was administered 1 mg/kg methotrexate intramuscularly. On the 21st day after methotrexate administration, suction curettage was applied under ultrasonography to the patient whose βHCG value dropped to 0 but no regression was observed in the mass within the cavity. After curettage, placental tissue in size of 24x22 mm with severe bleeding in scar area was observed. Due to possible uterine rupture and bleeding risk, the mass was not intervened again and methotrexate was applied for the second time. Two months after the treatment, it was seen that the mass was regressed completely, and the patient started to menstruate spontaneously.

Conclusion: If cesarean scar pregnancy is not diagnosed early and treated with an appropriate method, serious complications such as abundant bleeding, uterine rupture and bladder perforation may occur. There are two treatment options as medical and surgical methods. However, leading the treatment by considering the clinical presentation of patient, size of mass, distance from bladder and fertility request of patient is the most significant key to a successful treatment.

Keywords: Scar pregnancy, ultrasonography.

PP-094
Cesarean scar pregnancy: a case report
Süreyya Demir¹, Bilent Demir², Gülser Bingöl¹, Sahra Çağışıoğlu¹, Mehmet Nafi Sakar¹, Deniz Balsak²
°Department of Obstetrics and Gynecology, T.R. Ministry of Health Haseki Training and Research Hospital, Istanbul, Turkey; ²Diyarbakır Obstetrics, Gynecology and Pediatrics Hospital, Diyarbakır, Turkey

Cesarean scar pregnancy is a rare type of ectopic pregnancy occurring by the invasion of the pregnancy created in the cesarean scar into the myometrium. Its incidence rate is 1/1800-1/2216 in all pregnancies and 0.15% for those with cesarean history. The greatest risk factor is the cesarean history. It is a life-threatening condition due to its complications. Early diagnosis and treatment is mostly lifesaving. In cesarean scar pregnancy, many treatment alternatives may be applied such as non-invasive treatment, dilatation and curettage, local or systemic methotrexate, surgical resection of trophoblastic...