**OP-002**

Prenatal diagnosis of the acute meconium peritonitis secondary to ileum volvulus perforation: a case report

Ugur Keskin¹, Kazım Emre Karasahin¹, Mustafa Öztürk¹, Cüneyt Atabek¹, Suzi Demirbağ², Ali Ergün³

¹Department of Obstetrics and Gynecology, Gulhane Military Medical Faculty, Ankara, Turkey; ²Department of Pediatric Surgery, Gulhane Military Medical Faculty, Ankara, Turkey; ³Department of Obstetrics and Gynecology, Etımesgut Military Hospital, Ankara, Turkey

We present an unusual case different than previously described prenatal cases, with very early diagnosis and surgical intervention following delivery. A 40-year-old gravida, showed the presence of cystic structure in the fetal abdomen consistent with intestinal dilatation. At 32th week control ultrasound showed the collapse of the bowel dilatation and the presence of hyperechogenic fluid in the fetal abdomen. A C-Section was performed. The clinical importance of this report is that the meconium peritonitis (MP) may be diagnosed in the acute phase with typical ultrasound features, and should be considered in the differential diagnoses of cases presented with reduced fetal movements. It looks as if the morbidity and mortality in Meconium peritonitis cases depend upon the gestational age, and our case report may aid to manage similar cases for defining the appropriate delivery time and treatment option after prenatal diagnosis of the problem.

**Keywords:** Meconium peritonitis, prenatal diagnosis, ultrasonography.

**OP-003**

Obstetrical and gynecological ultrasound training during graduate medical education in Turkey

Mekin Sezik

Department of Obstetrics and Gynecology, Faculty of Medicine, Süleyman Demirel University, Isparta, Turkey

**Objective:** Use of ultrasonography in obstetrics and gynecology is ever increasing. Physicians generally acquire competency in ultrasonography during postgraduate years. However, acquaintance and core competency at a certain level during graduate education at medical school may be important. The present study aims to analyze the obstetrics and gynecology curricula of various medical schools in Turkey, concerning the current context of graduate obstetrical/gynecological ultrasound training.

**Methods:** This is a cross-sectional descriptive study. Curricula of 10 medical schools (at Abant Izzet Baysal, Akdeniz, Atatürk, Başkent, Dicle, Ege, Hacettepe, Istanbul, Karadeniz Teknik, and Süleyman Demirel Universities) randomly assigned from distinctive geographical regions in Turkey were retrieved from their websites. Theoretical and practical subject titles on obstetrics and gynecology during graduate education were probed. This included searches through online curricular texts with the keywords “USG”, “ultrasound”, and “ultrasonography”. Titles in the retrieved curricula pertaining to obstetrical/gynecological ultrasonography were analyzed.

**Results:** There was no subject title on gynecological ultrasonography in any of the analyzed curricula. Half of the academic programs (n=5) included a 1-hour theoretical lecture on “obstetrical ultrasonography”. Titles on practical training (“pregnancy/gynecological ultrasound and follow-up” and “ultrasonographic cyst aspiration”) were present only in 2 of the curricula.

**Conclusion:** Graduate education aiming competency in obstetrical/gynecological ultrasonography seems limited according to the present sample including 10 representative medical schools in Turkey.

**Keywords:** Competency in ultrasonography, curriculum evaluation, graduate medical education.

**OP-004**

Umbilical artery Doppler waveform and newborn sepsis in preeclamptic pregnant women

Mekin Sezik¹, Hulya Toyran Sezik²

¹Department of Obstetrics and Gynecology, Faculty of Medicine, Süleyman Demirel University, Isparta, Turkey; ²Private Isparta Hospital, Isparta, Turkey

**Objective:** Although there is data showing that the presence of absent or reversed end-diastolic velocity (AREDV) in umbilical artery Doppler (UAD) of preeclamptic pregnant women increases the risk of neonatal sepsis, no study thoroughly has investigated if this effect is independent from the week of gestation or not. In this study, our aim was to investigate the importance of AREDV for predicting neonatal sepsis during severe preeclampsia.

**Methods:** A total of 284 pregnant women who had UAD data for prenatal period and resulted with live births after severe preeclampsia during a five-year period were included in the study. The correlation between AREDV and the diagnosis of neonatal sepsis confirmed by laboratory was evaluated by chi-square tests and logistic regression analysis.

**Results:** Neonatal sepsis rate was found significantly higher in those with AREDV (n=34) than those without AREDV (n=250) (17.6% vs. 4%, p=0.006). However, it was found that there was no such effect in the logistic regression model where preeclampsia beginning date was included (adjusted odds ratio= 3.07, CI=0.97-9.63, p=0.055).