

ones at the end of 12 weeks of pregnancy. Mono-directional variance analysis was used to determine the correlation between Yolk sac diameter and menstrual age, also between embryonic heart rate and menstrual age. (Menstrual Age) minus (Mean Sac Diameter related Age)', 'Yolk Sac Diameter/Mean Sac Diameter ratio', '(Mean Sac Diameter) minus (Crown-Rump Length)' were compared between 'the group of first trimester aborted' and 'the group of first trimester non-aborted' with Independent T-Test. Regression analysis was performed for parameters, suitable graphs and curves were drawn. Fisher Exact Test was performed to determine the decisiveness of 'Embryonic Heart Rate<120/minute' and '(Menstrual Age) minus (Mean Sac Diameter related Age)' values.

**Results:** Yolk sac diameter was decisive to predict abortion except 6-8 weeks of first trimester pregnancy ( $p \leq 0.001$ ). Yolk sac diameters were increasing as gestational sac diameter and CRL (Crown-Rump Length) increased. Embryonic heart rate (lesser than 120 pulse per minute) was substantially decisive to predict abortion in all groups ( $p < 0.001$ ). The difference between 'Menstrual Age' and 'Mean Sac Diameter related Age' was substantially different between groups of aborted and non-aborted in the first trimester of pregnancy ( $p = 0.024$ ).

**Conclusion:** Embryonic heart rate had a progressive rise in women that brought to completion of a healthy first trimester. Embryonic bradycardia can be used as a prognostic factor to predict adverse pregnancy outcomes. Yolk sac diameter and absence of yolk sac parameters needs further investigations. As the difference between 'Menstrual Age' and 'Mean Sac Diameter related Age' increased, the abortion risk also increased. Further investigations should be performed to make a flat decision.

**Keywords:** Marker, first trimester, embryonic heart rate.

#### PP-079

### The correlation between gestational age and the length of the clavicle

Fazıl Avcı, Salih Serin, Murat Bakacak, Önder Ercan, Bülent Köstü, Deniz Cemgil Arıkan

*Department of Gynecology and Obstetrics, Faculty of Medicine, Sütcü İmam University, Kabramanmaraş, Turkey*

**Objective:** To evaluate correlation between gestational week and fetal clavicle length (CL) until 27 week's gestation.

**Methods:** This study was cross-sectional study of patients between 14 and 27 weeks' gestation. Inclusion criteria was well-established dates (confirmed with early ultrasound), singleton, non-anomalous fetuses, and intact amniotic mem-

branes with enough amniotic fluid. Sonographic measurements such as biparietal diameter (BPD), head circumference (HC), abdominal circumference (AC), femur length (FL), humerus length (HL), estimated fetal weight (EFW), clavicle length (CL) and cerebellum diameter. Pearson's correlation and P-values for the relationships between CL and other biometry measurements were estimated.

**Results:** We evaluated 77 patients in our clinic. All attempts assessing the CL were successful. Mean maternal age was  $29.11 \pm 5.85$  years, median gravidity 3 (range 0–10), and median parity 2 (range 0–5). Fetal CL, BPD, HC, AC, HL, FL, fetal weight and cerebellum diameter were correlated significantly and strongly with gestational week and also Pearson correlation values were 0.965, 0.951, 0.917, 0.964, 0.959, 0.965, 0.925 and 0,954, respectively (all  $p < 0.01$ ).

**Conclusion:** We suggest that the clavicle diameter as millimetres by ultrasonography was found significantly positive correlation with gestational weeks. We suggest the 1 mm = 1 week rule should be used because of anomaly of cerebellum and vermis and also for patients had unknown last menstrual day. The length of clavicle may use to detect gestational week.

**Keywords:** Clavicle, fetal biometry, gestational age.

#### PP-080

### Ultrasound management of uncommon ectopic pregnancy

Meriem Ajroudi, Kaouther Dimassi, Fatma Douik, Nizar Ben Aissia, Amel Triki, Mohamed Faouzi Gara

*Department of Obstetrics and Gynecology, Mongi Slim Hospital, La Marsa, Tunisia*

**Introduction:** With the improvements in ultrasound equipment as well as the easy access to quantitative beta-human chorionic gonadotropin ( $\beta$ -hCG), the timing of diagnosis of ectopic pregnancy has moved to the early part of the first trimester. Ectopic pregnancies of unusual location are encountered much less frequently, but are perhaps more morbid. The treatment of these unusual ectopic gestations may not be as common place as treatment of tubal pregnancies, but with early diagnosis and effective planning, their treatment can be equally as effective.

**Objective:** Describing cases of uncommon ectopic pregnancies which were managed with ultrasound-guided local injection of KCl, followed by intramuscular injection of MTX if appropriate. Explaining the modalities of the conservative treatment and detailing the clinical biological and ultrasound monitoring.

**Methods:** It's a retrospective study over a period of 3 years which included patients presenting an ectopic pregnancy on

uncommon implantation site and whose treatment was conservative. The medical treatment consisted in injection of KCl in the gestational sac by ultrasound guidance when the pregnancy was scalable. Then we proceeded to one or more intramuscular Methotrexate injections in order to complete the treatment.

**Results:** During the study's period we collected 04 observations of unusual ectopic pregnancies treated medically. There was an interstitial pregnancy in 2 cases: a cervical pregnancy in one case and a cesarean scar pregnancy in the other case. The diagnosis was made by ultrasound in all cases and confirmed by MRI in 2 cases. (Details will be shown in the poster). The medium term at diagnosis was 6 weeks of amenorrhea. Pregnancies were evolving with heart activity in 2 cases. The average number of injection of MTX was 1.3. In all of our cases, ectopic pregnancies have been successfully managed without surgical intervention or anesthesia using ultrasound-guided puncture and injection of KCl.

**Conclusion:** The use of advanced ultrasonography in combination with ultrasensitive serum b-hCG assays should lead to early diagnosis of such pregnancies. Early diagnosis and use of multiple modalities can reduce morbidity and mortality in cases of ectopic pregnancy with unusual location and they can be successfully managed without surgical intervention through local injection of KCl.

**Keywords:** Ectopic, pregnancy.

### PP-081

#### Fertility and pregnancy rate in patients with septate uterus like primary sterility and with habitual abortions before and after hysteroscopic interventions

*Aida Kumnova, Qamil Hamza, Luljeta Canhasi, Butrint Kusari, Ilir Kadiri*

*Regional Hospital Isa Grezda, Gjakova, Kosovo*

**Introduction:** Uterine malformations result from the development of Mullerian ducts through embryogenesis. Symptoms are ranged from amenorrhea, infertility, habitual abortions. Prevalence of uterine anomalies are 6.7%. Its presence is associated with poor reproductive performance, including high incidence of first and second trimester abortion, preterm delivery (often as a result of premature rupture of the membranes), as well as abnormal presentations and increased caesarean section rates (Heinonen et al., 1982; Buttram, 1983; McShane et al., 1983). Here it will be presented the last uterine classification of uterine anomalies which was reached on 28.08.134 from ESHRE/ESGE Consensus work of two societies of gynecologists and which extended 3 years.

**Objective:** To evaluate the effectiveness of hysteroscopy resection of uterine septum in patients with primary sterility and habitual abortions.

**Methods:** Evaluated 25 patients who had the septate uterus, primary fertility and habitual abortions. With habitual abortions are understood two abortions consecutive. In research was included different age of patients. With the mini hysteroscopy Richard Wolf and scissors are resected the septum under the short intravenous anesthesia. Intervention can be done also without anesthesia but the will of our patients was with anesthesia. The intervention procedure extended 20 till 45 min. The work with mini hysteroscopy started on 01/01/13 till 31/12/13. From the work with hysteroscopy started on 01.06.13 and evaluation of patients was till 31.12.13. From the total number of patients which have done the intervention 6 patients have given birth 6 of them are in the third trimester of pregnancy. The pregnancy rate and the live birth rate is 48% and if we count the live birth the total success is 24%. From the total number of patients which have given birth are 6 patients and 6 patients are in the third trimester of pregnancy. In percent's are 44%. Two patients of the total number have done the resection of septum to be prepared for IVF because of ovarian insufficiency are 3 patients. The main outcome measures were clinical pregnancy and live birth rates.

**Conclusion:** From the results which are achieved it is evidenced that the hysteroscopy intervention in patients with septate uterus fertility is increased the clinical pregnancy rate and the live birth rate.

**Keywords:** Hysteroscopy, uterine septum, habitual abortions.

### PP-082

#### Extremely large tubal ectopic pregnancy with tubal torsion: an extraordinary case report

*Ibrahim Polat, Ali Ekiz, Burak Ozkose, Batuhan Ustun, Alev Atis Aydin, Ali Gedikbasi*

*Kanuni Sultan Suleyman Training and Research Hospital, Istanbul, Turkey*

**Objective:** Ectopic pregnancy is defined as the implantation of a fertilized egg anywhere outside the uterine cavity. The incidence of ectopic pregnancy is estimated to be between 1% to 2% of all pregnancies. We report a big tubal ectopic pregnancy case with tubal torsion.

**Case:** A 36-year-old woman, gravida 4, parity 2, curettage 1 admitted to Kanuni Sultan Suleyman Training and Research Hospital emergency room with severe abdominal pain. She had mild vaginal bleeding and nausea. Physical examination revealed tenderness of abdomen. The patient's blood pressure