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Letter to the Editor

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Letter to the Editor regarding "The impacts of placental localization and fetal sex on the estimation of fetal weight"

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Dear Editor,

We have read the article of Çintesun et al. with the title of "The impacts of amniotic fluid index, placental localization and fetal sex on the estimation of fetal weight" with a great interest.[1] We would like to contribute to this article by analyzing the impacts of placental localization and fetal sex on the estimation of fetal weight in patients delivered in our clinic.

The records of the patients who delivered at the Gynecology and Obstetrics Clinic of Gülhane Training and Research Hospital between June 1 and November 15, 2017 were analyzed retrospectively. The method of measuring fetal weight and inclusion criteria were determined similar to the related study. The measurements were done by using the same ultrasonography device (SIUI, Shantou Institute of Ultrasonic Instruments Co., Ltd., Shantou, China).

A total of 257 patients were included in the study. In the statistical analyses, number, percentage, arithmetic mean and standard deviation were used for the distributions of data, and Kruskal-Wallis and Mann-Whitney U tests were used for statistical comparisons. In this study, mean age was 29.26±5.5 years, gravida median was 2, parity mean was 1, and weeks of gestation were 39.1 (range: 35 to 42). It was found in the patients that cesarean section was 39.68%, normal delivery rate was 60.31%, mean ultrasonographic estimation of fetal weight was 3261.08± 4.81 g, and mean birth weight was 3338.48±4.84 g. The demographic and clinical data of the patients are shown in the **Table 1**. Similar to the study of Çintesun et al., we calculated error percentage in ultrasonographic estimation of fetal weight measurement, and considered it as "weight deficit". Total weight deficit in all patients was -1.69%. While the deficit was -7.57% in females, it was 2.85% in males (**Table 2**). Our results are different than

Table 1. Demographic data of the patients.

Variables	Data
Age*	29.26 years (18–48)
Gravida*	2 (1–6)
Parity*	1 (0–5)
Week of gestation*	39.1 (35–42)
Cesarean section†	39.68% (102)
Normal delivery†	60.31% (155)
USG estimated weight‡	3261.08±4.81 g
Birth weight‡	3338.48±4.84 g

*Mean (min.–max); †% (n); ‡Mean ± standard deviation

Table 2. The comparison of weight deficit percentages according to sex and placental localization.

Variable		n (Weight deficit percentage)	p
Sex	Female	114 (-7.57%)	0.286*
	Male	143 (2.45%)	
Placental localization	Anterior	67 (0.30%)	0.148*
	Posterior	72 (3.73%)	
	Other	8 (3.11%)	

*The value p<0.05 was considered statistically significant.

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those found by Çintesun et al. We believe that the difference results from different characteristics of the population included (BMI, amniotic fluid indexes etc.), and different specialists measuring the ultrasonographic estimation of fetal weight. In terms of deficit percentages, we observed no significant difference between two sex groups in our study. This difference is greater for female fetuses. Also, as reported in the study mentioned above, we found no significant correlation between placental localization and ultrasonographic estimation of fetal weight.[1] In terms of weight deficit according to the placental localization, we observed no significant difference between the groups in our study. According to our results, the lowest weight deficit was in fetuses with anterior placental localization. It is anticipated in the literature that the placental localization may affect the accuracy of ultrasonographic estimation of fetal weight; however, the studies have shown that placental localization does not affect ultrasonographic estimation of fetal weight measurement. [1,2]

During gestational follow-ups, the estimation of fetal weight is the most common procedure in the daily obstetric practice. The accurate estimation of fetal weight ensures proper guidance for various matters from determining the delivery type to the skin incision during cesarean section and episiotomy length.[3,4] It is reported in the literature that there are many factors affecting ultrasonographic estimation of fetal weight such as fetal presentation, amniotic fluid index, fetal sex, and maternal body mass index.[2,5] In this study, we assessed the impacts of placental localization and fetal sex on ultrasonographic estimation of fetal weight. In line with the data we have obtained, we have concluded that both parameters have no impact on ultrasonographic estimation of fetal weight.

Conflicts of Interest: No conflicts declared.

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