

28 weeks of gestation. Plasma spot glucose was taken before the GCT. A 75 gram OGTT was performed within two to four weeks after the GCT for all patients. They were also scheduled to have a blood sugar series and plasma fructosamine afterwards. Plasma spot glucose, fasting glucose, post-breakfast glucose, one hour GCT and plasma fructosamine were compared for the prediction of GIGT and GDM using WHO criteria. Receiver-Operator Characteristic (ROC) analysis (15) was used to compare the prediction model of sensitivity and specificity on the five screening tests.

Results: The ROC curves show that the area under the curve (AOC) of 1-hr GCT (0.773, SEM=0.025) was not different from that of fasting glucose (0.766, SEM=0.026) and 2 hour post-breakfast glucose level (0.743, SEM=0.025). They were significantly greater than that of random spot glucose and plasma fructosamine. The optimal cutoff values were 7.0 mmol/l, 4.1mmol/l and 5.0 mmol/l for one hour GCT, fasting glucose and two hour post breakfast respectively. The sensitivity were 71.3%, 73.0% and 72.7% while the specificity were 68.7%, 63.3% and 60.8% respectively.

Conclusions: We found that fasting glucose and two-hour post-breakfast glucose level were as good as GCT in the screening of glucose intolerance (GUGT and GDM). Spot glucose and plasma fructosamine are poor predictors of GIGT. We found the optimal cut-off level as 7.1 mmol/l instead of 7.8 mmol/l if we aimed for screening a milder degree of glucose intolerance.

P2.11.02

ANTIOXIDANT NUTRIENTS AND LIPID PEROXIDE LEVELS IN PREECLAMPSIA

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Objectives: To compare the antioxidant nutrients and lipid peroxide levels in preeclampsia and normal pregnant women.

Study Methods: Antioxidant nutrients (vitamin A and E) were measured by high-pressure liquid chromatography and vitamin C was measured by the dinitrophenyl hydrazine method. Lipid peroxides were measured by the malonydialdehyde method. There were 10 severe preeclampsia, 20 mild preeclampsia and 50 normal pregnant women.

Results: The studies revealed that vitamin C levels in severe and mild preeclampsia were significantly less than those in normal pregnancy. The corrected vitamin E and vitamin A levels were significantly decreased only in severe preeclampsia. While the lipid peroxide levels in both mild and severe preeclampsia were significantly increased, when compared with the normal pregnancy.

Conclusions: Preeclampsia is associated with the imbalance between lipid peroxides and antioxidant nutrients (vitamin C and E). The imbalances favor lipid peroxides with the increasing severity of preeclampsia.

P2.11.03

MATERNAL AND PERINATAL OUTCOMES IN PATIENTS WITH HEART DISEASES

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Objectives: To assess the maternal and perinatal outcomes in patients with heart diseases.

Study methods: A retrospective analysis of 284 pregnant women with heart disease, beyond 20 weeks of gestation, and delivered between January 1995 and November 1999 was done.

Results: 244 patients had Rheumatic heart disease(RHD) and 40 had congenital heart disease(CHD). 75% of both groups were between 20 and 30 years of age. 52% of RHD patients and 80% of CHD patients were assessed to be class I NYHA. 18% of RHD patients were in class III / IV. 5 of whom died postnatally after vaginal delivery. All of them had multivalvular disease.

18% of patients(RHD and CHD) had corrective surgery prior to pregnancy, while 9% had balloon mitral valvotomy during pregnancy. 3.7% of RHD patients were on anticoagulants and 2.9% of them had Warfarin during the first trimester with no fetal anomalies.

Most patients went into spontaneous labor at term, only in 20% labor was induced. 56% and 42.5% of patients in both groups respectively delivered normally. 30% had instrumental delivery.

There were 9 still births of which 3 were term pregnancies and the rest

were pre term. All still births occurred in class III/IV patients.

Conclusion: Maternal and perinatal deaths were confined to class III and IV patients and so they should be advised correction of lesions prior to pregnancy.

P2.11.04

ECLAMPSIA – A BATTLE STILL TO WIN (STUDY OF 130 CASES IN TWO YEARS)

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Objectives: Eclampsia is the major cause of maternal mortality in some regions in India. It is evident from the review of literature that there is no intervention which can reduce the incidence of pre-eclampsia/eclampsia except early detection of hypertension by regular antenatal examinations. This is an observational study to demonstrate the high incidence of eclampsia in developing countries where minimum antenatal examination is not available.

Study Methods: I am presenting a review of 130 cases of eclampsia from a rural medical college of North Bihar where 83% of pregnant women do not get any kind of antenatal examination.

Results: The data reflects the contribution of the eclampsia to the high maternal and perinatal death rate in rural India, even at the dawn of the 21st century. Incidence of eclampsia was 12.5% with 20% maternal mortality. Maternal mortality rate in 1998 was 41/1000 live births. Eclampsia was responsible for 40% of the maternal deaths.

Still birth was in 43% of cases. Baby was asphyxiated in 36% of cases.

Conclusion: Maternal mortality is unacceptably high in rural North Bihar (India) with eclampsia still the major cause of maternal and perinatal death. Reason for high maternal mortality in this medical college hospital may be due to the referral nature of cases from surrounding primary health centers and district hospitals.

P2.11.05

THE CHANGES OF THE CESAREAN SECTION FREQUENCY IN OUR LAST TEN YEARS OF MATERIAL

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Objectives: The aim of the study was to analyze the changes of the cesarean section's frequency in our last ten years of materials. It is interesting, because ten years ago in 1990 the ratio was 2.4 percent and nowadays it is more than 12 percent.

Study Methods: The data of 6286 labors were analyzed in this retrospective study. In this study we were investigating the age of women, the number of earlier deliveries, the different complications and of course any ethical and law problems.

Results: The results show that the indications of cesarean section have changed. In a few cases the other fields of medicine, internal medicine, ophthalmology and orthopedics give absolute indication. Our experiences show that in the presence of a minimum two indications, we can perform the cesarean sections with antibiotic prophylaxis. It is important, and the analysis of 36 cases showed that a previous cesarean section is not an absolute indication. Nowadays, there is a new problem when we perform the cesarean section for the wish of the pregnant woman. It has a lot of ethical and law problems, and we do not agree with this kind of cesarean section.

Conclusion: The frequency of the cesarean sections has developed in the past decades. The absolute and relative indications today are not determined. The efforts to reduce the maternal and fetal mortality gave a result of an increased number of cesarean sections.

P2.11.06

NITRIC OXIDE (NO) DONORS IN THE TREATMENT OF PREGNANCY-INDUCED HYPERTENSION (PIH) – ECHODOPPLER EVALUATION

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Objectives: Starting from the theories of NO involvement in the pathogenesis of PIH, we studied the effects of nitroglycerin administration (as NO donor) on the utero-placental flow in pregnancies complicated by