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Comparison of pregnancy outcome among nulliparas with and without microalbuminuria at the end of the second trimester.

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Department of Obstetrics and Gynecology, Iran University of Medical Sciences, Iran.

Objective: To evaluate the rate of poor pregnancy outcome among nulliparas who had microalbuminuria at the end of the second trimester of their pregnancy.

Methods: A prospective cohort study was performed on 490 nulliparous women who were at the end of the second trimester of pregnancy. Urine tests for albuminuria and creatinine measurements were performed in all women and the albumin to creatinine ratio (ACR) was calculated. The women with microalbuminuria (exposed group) and those without microalbuminuria (nonexposed group) were monitored until the end of their pregnancy and compared for pregnancy outcome.

Results: Preterm labor (57.9% versus 13.5%), preeclampsia (50.0% versus 8.6%), intrauterine growth restriction (42.1% versus 6.4%), and preterm premature rupture of membranes (31.6% versus 10.2%) were significantly more common in the exposed group. The rates of gestational diabetes did not differ significantly between the 2 groups. In multivariate logistic regression analyses, microalbuminuria increased the risks for preterm labor (adjusted OR 2.4; 95% CI 1.1–5.5, P=0.03) and preeclampsia (adjusted OR 9.5; 95% CI 4.6–19.3, Pb0.001).

Conclusion: Microalbuminuria at the end of the second trimester of pregnancy might increase the risks of preterm labor, preeclampsia, intrauterine growth restriction, and preterm premature rupture of membranes.
A pre-operatively diagnosed advanced abdominal pregnancy with live fetus and severe preeclampsia: a case report

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INTRODUCTION

Abdominal pregnancy is extremely rare and frequently missed during antenatal care with high rate of maternal and fetal complications. An abdominal pregnancy diagnosed pre-operatively and resulting in a surviving neonate is quite rare.

Advanced abdominal pregnancy (AAP) is defined as an extrauterine pregnancy found within peritoneal cavity that is greater than 20 weeks' gestation. Abdominal pregnancy represents very rare for up to 1.4% of all ectopic pregnancies. The incidence differs in various literatures and ranges between 1:10,000 to 1:30,000 pregnancies with high maternal mortality rate, estimated about five per 1000 cases, which is about seven times higher than ectopic pregnancy in general.

DISCUSSION

Abdominal pregnancy could be either primary or secondary. Primary abdominal pregnancy is rare (Studdiford standard).

Normal tubes and ovaries

Absence of uteroplacental fistula

Sufficiently early diagnosis to exclude the possibility of secondary implantation.

Clinical manifestations are variable, range from asymptomatic to symptoms, most common abdominal or suprapubic pain.

Ultrasoundography remains the main tool for the diagnosis of extrauterine pregnancy. It usually shows no uterine wall surrounding the fetus, fetal parts close to the abdominal wall, abnormal lie and/or no amniotic fluid between the placenta and the fetus. It is widely accepted that the treatment of AAP is immediate surgery once fetal viability is achieved. But the most important issue in managing advanced abdominal pregnancy is the placental management.

CONCLUSION

Advanced abdominal pregnancy that diagnosed pre-operatively with delivery of alive neonate is extremely rare and requires a high index of suspicion. Severe preeclampsia can be develop in abdominal pregnancy, the exact mechanism is not yet known. The time of surgical intervention and placental management are important to prevent maternal and fetal complications.

REFERENCES

Successful pregnancy following laparoscopy tubal recanalization in woman with history of recurrent pregnancy loss.

*T Kusumaningtyas, & D Dasuki.*

Department of Obstetrics and Gynaecology, Gadjah Mada University, Indonesia.

• A 27 yo woman with history of 3 times recurrent pregnancy loss (RPL) came to our clinic on March 2017. Her hysterosalphyngogram (HSG) revealed hydrosalphyng and non patent right tube. Sperm analysis showed normospermia. We planned laparoscopy procedure. During laparoscopy, we did neosalphynostomy procedure for non patent right tube, folowed by antibiotic for recovery. In follow up, we did hydrotubation. Primolut 1x1 gave in 20th day of menstruation, and clomiphene citrate was gave induction ovulation for 5 days started from her 2nd day of menstruation in the next month (April). Two months latter (May), she got pregnant. She underwent routine antenatal care. In 15 weeks of pregnancy, she admitted to the hospital because of the symptom of labor. Thus we planned for circlage procedure for preterm birth prevention. In February of 2018, in her 38 weeks of pregnancy, she planned for elective caesarean section. A female baby girl was born with 2782 grams in weight and 47 cm in length, Apgar score was 7/9.

• The success rate of tubal recanalization in infertile woman as high, it reached 100%. But the success rate of pregnancy folowing tubal recanalization has been reported to the range between 55-80%. The pregnancy occurred three until six months after procedure and the success rate of delivery was only 36%. Chances of conception significantly decreased with increasing age and duration from sterilization to recanalization as other factors for infertility also increase with age. The success depends on patience, perseverance, and perspiration on the part of the surgeon.

• This woman had the option of either opting for artificial reproductive techniques or going for tubal recanalization. With booming of assisted reproductive technology (ART), many infertile patients are opting for this option; but cost, ability to achieve more than one pregnancy are some of advantages of tubal recanalization surgery. The age of the patients ranged from 20-35 years. The pregnancy rate was higher. Laparoscopy is minimally invasive surgery. Even though laparoscopy procedure to fix unilateral occluded tubes is not necessarily treated in RPL patients with a unilateral proximally occluded tube and a contralateral patent tube, but laparoscopy procedure gives some benefit for investigation of recurrent pregnancy loss case, as well as for treatment. The availability of microsurgical recanalization procedures would bring hope and would improve the confidence of infertile patients.