

**Results:** Emergency cesarean hysterectomy was performed in 28 patients (9.5%). No significant differences on the basis of maternal age, parity, the number of abortion, the number of cesarean section, gestational age and the number of antenatal vaginal bleeding between two groups. And emergency cesarean section has more tendency to emergency hysterectomy compared to elective cesarean section. On the basis of third-trimester transvaginal sonographic findings, the distance from the internal os of cervix was not associated with emergency hysterectomy. However, significant differences were found on the lower placental edge thickness and the presence of lacuna in the placenta between two groups.

**Conclusions:** Patients with placenta previa are at a higher risk of undergoing cesarean hysterectomy if the emergency cesarean section is performed and the lower placenta edge is thick and lacuna is showed in the placenta. The other clinical factors such as maternal age, parity, the number of abortion, the number of cesarean section, gestational age, the number of vaginal bleeding and sonographic finding such as the distance of placenta from internal os might not be associated with the risk of cesarean hysterectomy.

#### P15.18

##### Use of 3-D transvaginal ultrasound for assessment of C/S scar integrity after spontaneous vaginal delivery

J. Jirous<sup>1</sup>, M. E. Diejomaoh<sup>2</sup>, M. A. Al-Saadany<sup>3</sup>,  
M. I. Al-Haj<sup>3</sup>

<sup>1</sup>Maternity Hospital Kuwait, Kuwait, <sup>2</sup>Kuwait University, Kuwait, <sup>3</sup>Maternity Hospital, Kuwait

According to the current consensus, for the majority of women with a previous caesarean section (C/S), a trial of labor should be encouraged. 3-D ultrasound offers several distinctive advantages over conventional ultrasound, including capability to visualize the region of interest in a coronal view. The objective of the authors is to demonstrate a new application of 3-D transvaginal ultrasound in detailed morphological assessment of the postpartum uterus performed after vaginal delivery of women with history of previous C/S.

A 24-year old secundipara was admitted to our hospital 9 days after vaginal delivery by vacuum extraction because of progressive lower abdominal pain since delivery. The patient was hemodynamically stable, subfebrile. Clinical examination did not reveal any abnormality. Transvaginal ultrasound performed by multifunctional probe (Voluson 730 Expert, GE) imaged the postpartum uterus. A relatively well-defined and variably echogenic area (36 × 24 × 66 mm) compatible with haematoma was detected within the anterior uterine wall immediately beside the distended C/S scar.

The patient received i.v. antibiotics and was discharged afebrile 3 days after admission. Control 3-D transvaginal ultrasound 6 months later revealed already normal myometrial echopattern. Prominent C/S scar showed completely restored integrity.

Presented case is illustrating new diagnostic contribution of 3-D transvaginal ultrasound in detailed assessment of the postpartum uterus. Routine 3-D transvaginal ultrasound performed in this group of patients shortly after delivery could significantly accelerate detection of abnormal changes in the area of the C/S scar thus facilitating earlier intervention and decreasing the number of nonindicated surgical interventions. This is a preliminary report of ongoing research.

#### P15.19

##### Hepatic multicystic disease and pregnancy

C. P. S. P Werner<sup>1</sup>, H. Werner<sup>2</sup>, B. W. Alencar<sup>3</sup>,  
L. F. Alencar<sup>3</sup>, P. Daltro<sup>2</sup>, R. C. Domingues<sup>2</sup>

<sup>1</sup>CPDT, Brazil, <sup>2</sup>CDPI, Brazil, <sup>3</sup>IFF-FIOCRUZ, Brazil

A 38-year-old woman in her second pregnancy had her illness diagnosed as hepatic multicystic disease. At the beginning of 2003, she had a first-trimester miscarriage; at the end of that year, she started to perceive a certain enlargement of her abdominal volume associated with epigastralgia. Two months later, she underwent clinical test, in which a palpable liver could be detected 2 cm below the umbilicus. Both ultrasonography and magnetic resonance (MR) of the abdominal region corroborated the existence of hepatic multicystic disease. Throughout the diagnostic tests, the patient got pregnant. Clinical and obstetrical attendance on the patient was performed with monthly abdominal ultrasound (US) and MR, as well as with functional hepatic tests. In the 16th week of gestation, the patient underwent a series of hepatic punctures guided by US; 750 ml of liquid was then removed from segments III, V and VIII. In the 24th week, the same procedure was once more carried out, being another 630 ml of liquid removed from the same above-mentioned segments. The criteria established to determine the punctures were those of abdominal discomfort and enlargement of uterine volume with consequent hepatic compression. In the 29th week, the patient was given betamethasone for the contingency of an early delivery. At 36 weeks of gestation, the patient complained of dyspnea, abdominal discomfort, and epigastric pain, presenting adverse obstetric conditions for spontaneous labor. She received rachidian anesthesia; cesarean section was performed with longitudinal infraumbilical incision. Male newborn infant with Apgar scores 6 and 9. Surgery passed off well; being ready to breastfeed her baby later on that same day. Mother and baby were discharged from hospital on the third day. At present, the patient is being clinically observed, still showing a multicystic clinical picture; yet, there are no laboratory alteration.

#### P16: NEW TECHNOLOGIES IN OBSTETRIC ULTRASOUND

##### P16.01

##### MR evaluation of the fetal corpus callosum in relation to gestational age

D. M. Twickler

UT Southwestern Medical Centre, USA

**Purpose:** To assess the appearance of the fetal corpus callosum with MR and relate these findings to gestational age.

**Materials and methods:** Retrospective review of our fetal MR database was performed to select those cases in which views of the fetal brain had been performed using a T2-weighted SSFSE sequence in axial, coronal and sagittal projections orthogonal to fetal lie. MR images were assessed for adequacy of sagittal images in demonstrating midline CNS structures. The cases were reviewed for identification of the genu, body, splenium and rostrum of the fetal corpus callosum, based upon the presumed embryologic development of this structure. The fetal gestational age was also noted. A t-test analysis was performed to evaluate the relationship of gestational age to the visualization of the corpus callosum.

**Results:** Fetal MR studies were reviewed and there were 32 cases that demonstrated no CNS dysmorphology and adequate sagittal images. The ability to identify portions of the corpus callosum increased with gestational age. Visualization of the corpus callosum followed the expected bidirectional model.