

Conclusions. We expect to identify the particularities of the reproductive health in women from our interest group, in order to develop an individualized approach according to their age, type of pathology, procreation decision and pregnant/non-pregnant state.

Key words: seronegative spondyloarthropathies, pregnancy, women.

94. MATERNAL RISK FACTORS IN UMBILICAL CORD ENTANGLEMENT

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Introduction. The most common cord entanglement is nuchal cord with an incidence of 15-34%; single loop 24-28% and multiple loops 0.5-3.3%. Nuchal cord occurs when the umbilical cord becomes wrapped around the fetal neck at 360°. At delivery, the encircled cord might be compressed, causing blood flow obstruction. As shown previously, this intermittent regional obstruction may result in neonatal compromise. Thus, it is very interesting to study the risk factors that lead to the entanglement of the umbilical cord.

Aim of the study. To evaluate the relationship between maternal risk factors and entanglement of umbilical cord around the fetal neck.

Materials and methods. In this prospective cohort study, perinatal outcomes of 107 pregnancies complicated with nuchal cord (study group) were compared with 293 uncomplicated pregnancies (control group). The present study was carried out at the First City Clinical Hospital, Perinatal Center of the Republic of Moldova. Singleton pregnancies in cephalic presentation were included. Undated pregnancies were excluded. The main variables studied were: maternal age, parity, specific and non-specific infections in pregnancy and in anamnesis, and extragenital diseases. The results were processed with the following software: Statistical Package for the Social Sciences (SPSS 20) and Microsoft Office Excel 2010.

Results. This study demonstrated that, a nuchal cord was present in 107 (26.75%) of 400 singletons. Significant independent risk factors for nuchal cord formation were: parity ($\chi^2=6.122$, $df=2$, Cramer's $V=0.124$, $p=0.047$), TORCH-infection ($\chi^2=6.019$, $df=1$, $\phi=0.133$, Fisher's $p=0.015$), pelvic inflammatory diseases ($\chi^2=7.505$, $df=1$, $\phi=0.147$, Fisher's $p=0.006$), sexually transmitted infections ($\chi^2=22.718$, $df=1$, $\phi=0.254$, Fisher's $p=0.000$) and iron-deficiency anemia in pregnancy ($\chi^2=5.145$, $df=1$, $\phi=0.119$, $p=0.023$). No statistically significant differences in maternal demographic, obstetrical and gynecologic features were found between groups.

Conclusions. The scientific research has shown that: parity, TORCH-infection, pelvic inflammatory diseases, sexually transmitted infections and iron-deficiency anemia in pregnancy should be added to the list of known nuchal cord risk factors.

Key words: maternal risk factors, nuchal cord, umbilical cord

95. EVALUATION OF AN OVARIAN TUMOR'S POTENTIAL FOR AGGRESSIVENESS IN PREGNANCY USING LOGICAL TOOLS FOR PRE-OPERATORY PROGNOSIS

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Introduction. The evaluation of a tumor's aspect in case of an expansive ovarian neo-formation is a controversial chapter in the specialized literature. For most practitioners it causes uncertainties in the management of both gynecological and obstetric patients.

Aim of the study. Getting practitioners acquainted with helpful logical instruments, elaborated for optimizing the differential pre-operative diagnosis of the ovarian tumors during pregnancy.

Materials and methods. This research represents the analysis of the results collected from 35 pregnant women diagnosed, who got a surgery for ovarian cysts during pregnancy. In each case, pre-operative, the ultrasound characteristics of the ovarian tumors have been modulated and analyzed by a computer together with the clinical data and serological results of tumoral markers. The results were compared with the histological data. The logical instruments analyzed during the research were the ultrasonography Sassome score, the Pelvic Mass Score(PMS), and the IOTA model. For a better estimation of the specificity and sensibility of the diagnostically method, "borderline" ovarian tumoral formations were considered malignant.

Results. The Sensibility(S) and specificity(s) of the tests analyzed during the research are almost similar with the results displayed by the specialized literature: the ultrasonography Sassome score (PMS) : S - 96%; s - 70%; IOTA models: S - 97%; s - 80%. The results from the ovarian formations histological analysis are: n=35 anatomic surgical pieces, in 19 cases (54%) simple cystadenomas or mixt sero-mucinous cysts were confirmed, 6 cases (17%) were ovarian teratomas containing embryonal tissues; other 4 cases, 11% were functional cysts such as theca luteal cysts and cysts of the yellow body; in other 3 cases (9%) endometrial cysts were found; 2 cases (6%) were borderline tumors. In one case (3%), ovarian cancer was confirmed using histological and imagistic tests.

Conclusions. Evaluating different methods of diagnosis, we have assessed their high sensibility and specificity, and a better prognosis in ovarian tumors, facts confirmed by literature data. Further studies are necessary to be done, to estimate the utility of different methods of diagnosis of ovarian tumors in pregnancy, all of them having a huge role in decision making about surgical or expectative management. The use of the tests is not expensive and can be easily applied in everyday practice for strengthening the diagnostic methods at the moment of choosing an appropriate treatment approach.

Key words: ovarian tumor, pregnancy, diagnostic tools

96. NEONATAL RESULTS IN BABIES BORN TO MOTHERS WITH ACTIVE TUBERCULOSIS OF THE RESPIRATORY ORGANS

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Introduction. Extragenital maternal pathology adversely affects both the intrauterine development of the fetus and the health of the newborn. In the case of active tuberculosis, the incidence of tuberculosis poisoning, the degree of hypoxia, the immune system changes, the placental circulation disorders often lead to fetal-placental insufficiency, intrauterine hypoxia, and intrauterine growth restriction of the fetus.

Aim of the study. Analysis of neonatal pathology in 82 children born by mothers with active tuberculosis of respiratory organs.

Materials and methods. We analyzed neonatal outcomes in 82 children born to mothers with active tuberculosis of respiratory organs during 2000-2010; the control group consisted of 120 children born by healthy mothers. The incidence and character of neonatal complications were recorded.