**Result:** Dramatic differences were detected in chorionic villi / placental location according to gender. 83.3% of the male fetuses had a chorionic villi/placenta location on the right side of the uterus whereas, 16.7% had a chorionic villi/placenta location to the left of the uterus. On the other hand 91.3% of female fetuses had a chorionic villi/placenta location to the left of the uterus whereas, 8.7% had their chorionic villi/placenta location to the right side of the uterus. Same results received Dr. S. Ramzi, but with greater precision, 97.2% of the male fetuses had a chorionic villi/placenta location on the right side of the uterus whereas, and 97.5% of female fetuses had a chorionic villi/placenta location to the left of the uterus whereas.

**Conclusion:** This method is using placenta /chorionic villi location as a marker for fetal gender detection at 6 weeks gestation was found to be highly reliable. This method correctly predicts the fetus gender in average 90% early in the first trimester. This study may help parents to decide and choose the type of medical management available in case of inherited genetic problem such as in X-linked genetic disorder.

**Keywords:** Placenta, Fetal Gender

## 57. EARLY DIAGNOSIS OF ADOLESCENT IDIOPATHIC SCOLIOSIS IN THE ABSENCE OF SCHOOL SPINAL SCREENING PROGRAM

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**Introduction:** Adolescent idiopathic scoliosis (AIS) is a three-dimensional deformity of the spinal column and associated rib cage characterized by a lateral deviation and axial rotation. Scoliosis remains an actual problem of pediatrics and orthopedics around the world. Uncorrected static deformation presents an important major factor in the development of structural changes in the spine and diseases of internal organs, which then results in a decrease or lack of work capacity in adulthood. Childhood disability due to scoliosis is 8-9% in the structure of disabled children. Early diagnosis provides adequate correct conservative treatment, may stop or reduce progression of scoliosis curves and avoid surgical intervention.

**Materials and methods**: Since 2006 there no school orthopedic examination program in Moldova. A project initiated by the author has been started in the schools of Chisinau city. School spinal scoliosis screening was performed in 1015 pupils aged 10-17: there were 493 (48,6%) girls and 522 boys (51,4%). Clinical orthopedic examination of the spine was performed using six standard positions including Adams' forward bending test and the scoliometry - measurement of angle of trunk rotation (ATR). Five degrees of ATR was chosen as cut-off point for referral to radiography.

**Results:** 41 (4,04%) adolescents were found positive on both standing, forward bending test and scoliometer measurements > 5'. There were 29 (70,7%) girls and 12 (29,3%) boys. Definitive diagnosis was confirmed on standing spondilography. The individual treatment program was created for everyone.

**Conclusions**: School spinal screening permits the early diagnosis of scoliosis that provides us to predict the curve progression at the beginning, to choose the correct treatment program that significantly decreases the rate of spine deformities treated surgically. This program of early diagnosis of adolescent idiopathic scoliosis makes the first steps in the Republic of Moldova. We hope that in the future it will develop to the high level and will cover all the young population of the country.

**Keywords:** Adolescent idiopathic scoliosis, early diagnosis, spinal screening, scoliometry