

157. BIRTH OF FETUSES WITH HEART DEFECTS: WHEN CAESAREAN?

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Introduction: Congenital heart defects are the most common type of congenital anomaly and represent all structural changes of the heart at birth, the result of a disorder in the cardiovascular embryonic development. Progress in ultrasound imaging techniques allowed the antenatal diagnosis of congenital heart defect. Antenatal detection is standard in reducing neonatal mortality. The aim of our study is to identify ways to assist at birth in pregnant women with fetuses with congenital heart defects, antenatal detected.

Materials and methods: The paper represents a retrospective study conducted at the Obstetrics and Gynecology Clinic No.1 in the TgMures Emergency County Hospital, between 01st January-31th December 2013. Inclusion criteria included births assisted pregnancies with fetuses with heart defects. The reference was done to the total number of births, depending on many parameters: vaginal/caesarean, mature/premature, the main indication of caesarean section.

Results: From the record we have identified 18 cases of pregnancies with fetal heart defects. Of all births of fetuses with hearts defects, 14 (77.8%) were mature, 4 (22.2%) premature, 17(94.5%) were completed by caesarean section and only one (5.5%) was natural birth. Of all births by caesarean 8(47%) cases had obstetric problems and only 9(53%) were due to congenital heart defects.

Conclusions: In the group studied, delivery by Caesarean section was almost a rule. Antenatal detection rate is increasing because the means of diagnostic (ECHO) and multidisciplinary teams (obstetrician gynecologist, a cardiologist pediatrician, neonatology, genetics, cardiovascular surgeon). Most of the cases diagnosed antenatal allowed carrying the pregnancy to term.

Keywords: congenital heart defect, antenatal, caesarian

158. ADDITIONAL BLOOD COLLECTION METHOD

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Introduction: Today, millions of lives are saved due to blood transfusion. The main source of blood for transfusion are donors. According to “National Blood Transfusion Centre” our country is supplied about 80% with donor blood but daily in RM about 100 patients need blood transfusion. So the problem today consists in deficiency of necessary amount of donated blood for providing patient’s requirements. This problem can be solved in two ways 1.By increasing blood donors 2.To find other, non-traditional sources of blood for transfusion.

Materials and methods: Analysis of experimental studies made by S.S Iudin in, “Посмертная кровь в аспекте трансфузиологии” К. С. СИМОНЯН

Discussion results: Nontraditional possibilities for blood collection to ensure additional requirements of medical institutions.

From the literature we established:

1. In 1928 the surgeon Victor Samov, in experiments on animals demonstrated that in the first 2-6 hours after sudden death the blood keeps its curative abilities.

2. 86 years ago, on 23 March 1930, the surgeon Sergei Iudin first succeeded in transfusing blood to a young men with hemorrhagic shock, 400 ml of blood collected from a man of 60 years, who died of heart failure.

3. A study (morphological, bacteriological, toxicological) performed in a laboratory of “Sklifosovsky” institute in Moscow, determined that cadaver blood in case of sudden death (asphyxiation, acute cardiovascular insufficiency) which is collected in the first 2-8 hours after death preserves its curative abilities. Until the 60s of XX century in the USSR were transfused cadaveric blood.

Conclusion:

1. Cadaveric blood in first 2-8 ore after sudden death can be transfused to patients with severe hemorrhage.

2. Minimal difference between cadaveric blood and donated one show that this can be an additional solution for blood supplement.

3. Cadaveric blood (Defibrinated) does not coagulate and don't require substances for preserving it.

4. From one cadaver we can obtain 3000 ml of blood and can be used as for massive blood transfusion as for preparation of blood components (red blood cells, frozen plasma, albumin)

5. Nowadays we have a large number of traffic accidents, violent incidents, pathologies followed by blood loss. As well there are a big number of surgeries that require blood transfusions (resection of liver, transplant of organs). In this cases cadaveric blood can be used in addition to donor blood.

6. Juditial, ethical and psychological problems can be solved through a collaboration with judicial organs, public health, media from RM.

Key Words: cadaveric blood, donor blood, S.S.Iudin