

to 15% of cases. ICP presents a greater risk to the fetus than to the mother. ICP increases the rate of preterm delivery with the associated mortality and morbidity, meconium-stained amniotic fluid. In addition, the fetus seems to be at an increased risk for stillbirth. The major concern for the mother is for postpartum hemorrhage if her vitamin K level is low, leading to an increase in prothrombin time. Also women with ICP are more likely to have gestational diabetes, pre-eclampsia, spontaneous and iatrogenic preterm delivery, with increased rates of induction of labour.

**Conclusions.** ICP, especially severe ICP is associated with adverse pregnancy outcome. Pregnant women should be diagnosed in an efficient time for adopting the appropriate management to prevent complications as much as possible.

**Key words:** “intrahepatic cholestasis of pregnancy”, “Idiopathic jaundice of pregnancy”, “pruritus gravidarum”, “diagnosis of intrahepatic cholestasis of pregnancy”, “outcome on intrahepatic cholestasis of pregnancy”

### **193. DIFFERENTIAL DIAGNOSIS OF THE PRURITUS IN INTRAHEPATIC CHOLESTASIS OF PREGNANCY AND OTHER SPECIFIC DERMATOSES OF PREGNANCY**

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**Introduction.** Pruritus affects up to 20% of pregnant women. Pruritus can be sufficiently severe to affect sleep and quality of life. Although it is commonly caused by dry skin, it can also indicate an underlying condition unique to pregnancy. The specific dermatoses of pregnancy represent a heterogeneous group of pruritic skin diseases that include intrahepatic cholestasis of pregnancy, pemphigoid gestationis, polymorphic eruption of pregnancy and atopic eruption of pregnancy. It is important for physicians to be familiar with these conditions in order to differentiate them for adopting appropriate management of the condition.

**Aim of the study.** This review was undertaken to find the criteria of the differential diagnosis of pruritus in Intrahepatic cholestasis of pregnancy and other specific dermatoses of pregnancy.

**Materials and methods.** To identify relevant articles, NCBI and ScienceDirect databases were searched using the key words: ”pruritus of pregnancy”, “intrahepatic cholestasis of pregnancy”, “dermatoses of pregnancy”.

**Results.** This study concluded that even if pruritus is a common sign for all specific dermatoses of pregnancy, they have some characteristics that make it possible to differentiate them. Were identified clinical criteria (time of onset, skin lesions character, skin lesions site, association with primi-/multiparity, association with a family history) and paraclinical ones ( Laboratory findings, Histopathology, and immunofluorescence). The pruritus of Intrahepatic cholestasis of pregnancy appear in the second or third trimester, it worsens during the night, skin lesions a represented by excoriations, papules secondary to scratching that involve palms and soles followed by rest of the body. Laboratory findings can reveal increased serum bile acids.

**Conclusions.** The differential diagnosis of the Pruritus in intrahepatic cholestasis of pregnancy and in other dermatoses of pregnancy is facilitated by clinical criteria such as time of onset, skin lesions character, skin lesions site, association with primi-/multiparity, association with

family history and paraclinical ones: laboratory findings, histopathology, and immunofluorescence).

**Key words:** "pruritus of pregnancy", "intrahepatic cholestasis of pregnancy", "dermatoses of pregnancy";

## 194. STRUCTURAL LESIONS OF THE UMBILICAL CORD AND THEIR OUTCOMES

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**Introduction.** The umbilical cord (UC) plays a crucial role in fetal health and development, which provides communication between the placenta and the fetus allows gas and nutrient exchange. This unique lifeline needs optimal protection which is provided by Wharton's jelly, amniotic fluid, helical patterns and coiling of the umbilical vessels. It has been suggested that diameter of the umbilical cord is determined by the water content of Wharton's jelly. The lean UC is a structural abnormality, characterised by reduced or completely absent Wharton's jelly. Its three blood vessels pass along the length of the cord in a coiled or helical fashion (spiral course). The coiled umbilical cord perhaps of its elastic properties, is able to resist external forces that might compromise the umbilical vascular flow. Thus, cord abnormalities related to morphology, coiling, number of vessels, diameter, and blood flow pattern can contribute to perinatal complications.

**Aim of the study.** To study the association of structural abnormalities of the umbilical cord with perinatal outcomes.

**Materials and methods.** This prospective study included 190 patients divided into 2 groups. The study group (L1) included 95 patients with umbilical cord abnormalities and the control group (L0) with normal umbilical cord. We measured the diameter of the UC in a transverse section in the 3 parts and the cord coiling index after delivery of the adnexal complex. The statistical tests were assessed with SPSS, SAS and Microsoft Excel software and statistically analyzed. P value of less than 0.05 was regarded as statistically significant. This study was approved by institute ethical committee.

**Results.** According to the age criterion, living environment, marital status, the examined lots were homogeneous. In the study group the rate of lean UC was 12.6% (24) in all singleton pregnancies with the cord diameter from 0.4 to 0.7 cm. Umbilical coiling lesions was determined as hypocoiled cord – 35.79% (34) and hypercoiled – 7.37% (7) cases. Anomalous lean cord was associated with an increased risk of intrauterine growth restriction (IUGR) ( $p=0.0001$ ), nuchal cord ( $p<0.0001$ ), abnormal cord insertion ( $p=0.003$ ), fetal hypoxia ( $p<0.0001$ ), pathological adaptation period ( $p<0.0001$ ) and neonatal morbidity ( $p=0.01$ ). Hypocoiling was found to be significantly associated with fetal heart rate abnormalities ( $p<0.0001$ ), the admission of the newborn in the neonatal intensive care ( $p<0.0001$ ) and neurological disorders of the newborn ( $p=0.02$ ). Hypercoiling was found to be associated with fetal distress, pathological adaptation period, neonatal morbidity, which demanded a transfer to other medical facilities ( $p<0.05$ ).