abdominal pain for 4 months. Gynecological examination: neovagina with a good anatomical result (length 7 cm) and an elastic, painful mass in the projection of left annexes. At CT: a 107x87x93 mm cystic tumor. Laboratory studies revealed a normally CA 125 and b-hCG levels. A laparoscopic removal of tumor and left annexes was performed. Exploration showed a cystic mass on the left ovary, and left ovariectomy was performed. Microscopic examination of surgical specimen confirmed the diagnosis of Sertoli-Leydig cell tumor. The postoperative recovery was uneventful and she continued the treatment at oncological department. Case #3: A 14 y.o patient was admitted to the surgery department with hypogastric pain, increased abdominal volume and primary amenorrhea. At MRI: a solid mass in the pelvic cavity with intraabdominal spread with dimensions 115.3×75.2×82mm. A diagnostic laparoscopy was performed and determined the lack of the uterus (two uterine rudiments), the left ovarian tumor and follicular cyst (5×5 cm) on the right site. Conversion with bilateral ovariectomy was performed. The light microscopy data and the immunohistochemical profile revealed ovarian dysgerminoma. The postoperative period was without any particularities. Further the patient followed six chemotherapy courses

Conclusions. Ovarian tumors in MRKH syndrome refer to a very rare gynecological pathology and should be considered in the differential diagnosis of abdominal cavity volume formations in case of this malformation. Long term clinical and radiological monitoring of patients with MRKH syndrome should be considered justified.

Key words: Mayer-Rokitansky-Küster-Hauser syndrome, ovary, ovarian tumors

192. INTRAHEPATIC CHOLESTASIS OF PREGNANCY. DIAGNOSIS.MATERNAL AND FETAL COMPLICATIONS

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Introduction. Intrahepatic cholestasis of pregnancy (ICP) is a cholestatic disorder characterized by pruritus, elevated serum aminotransferases and bile acid levels with onset in the second or third trimester of pregnancy, and spontaneous relief of signs and symptoms within two to three weeks after delivery. ICP has been observed in almost all ethnic groups, but there is relevant geographical variation in the incidence of ICP varying from less than 1% to 27.6%. It is important to diagnose it in time because of its effects on pregnancy outcome.

Aim of the study. This review was undertaken to find the criteria of diagnosis and to evaluate the possible maternal and fetal complications.

Materials and methods. To identify relevant articles, NCBI and ScienceDirect databases were searched using the Key words: “intrahepatic cholestasis of pregnancy”, “Idiopathic jaundice of pregnancy”, “Pruritus gravidarum”, “diagnosis of intrahepatic cholestasis of pregnancy”, “outcome on intrahepatic cholestasis of pregnancy”.

Results. This study concluded that Pruritus is the primary clinical symptom of ICP. It usually presents in the third trimester, after 30 weeks of gestation, but rare cases developing early. The diagnosis of ICP is based on pruritus of cholestasis, elevated fasting serum bile acids > 10 μmol/L (± and elevated serum transaminases), spontaneous relief of signs and symptoms within two to three weeks after delivery and absence of other diseases that cause pruritus and jaundice. Mild jaundice with serum levels of conjugated bilirubin only moderately elevated occurs in 10

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