

Materials and Method: CDUS examination and MRI were performed in two patients with placenta previa percreta. Diagnosis confirmed by operative and pathological findings.

Results: The first case is a 34 year old woman at 32 weeks of gestation. The second case is a 33 year old pregnant woman at 31 weeks of gestation. Both patients had previous cesarean delivery. Placenta previa totalis were identified on obstetric ultrasound examinations. CDUS showed abnormal placental-bladder wall interface hypervascularity. In both of the patients, diagnosis of placenta previa totalis and placenta percreta with bladder invasion confirmed by MRI with focal interruptions in the hypointense myometrial wall at the previous cesarean scar adjacent to the bladder and the abdominal wall. MRI findings include thick placenta with inhomogenous signal intensity and anterior abnormal uterine bulging.

Conclusion: Placenta percreta with invasion of the urinary bladder is a rare but potentially fatal condition if not recognized before delivery. Knowledge of CDUS and MRI findings are helpful for prenatal diagnosis to prevent perinatal complications.

P14-04 - PREGNANCY OUTCOMES OF MULTIPLE PREGNANCIES AFTER ASSISTED REPRODUCTIVE TECHNOLOGY.

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Objectives: Comparison of adverse birth outcomes of multiple pregnancies and singleton pregnancies conceived by assisted reproductive technology (ART).

Method and materials: In a prospective study adverse pregnancy outcomes of multiple pregnancies were compared with singleton pregnancy after assisted reproductive technology. Prenatal outcomes of 703 patients who were conceived after Assisted Conception were investigated from 2009-2010 in Royan Institute. The antenatal monitoring (preeclampsia, PROM, IUFD, preterm Labor, low birth weight, abortion) was compared in two groups.

Result: multiple conceptions were 194 out 703. A total of 82/194 (42%) pregnant women diagnosed with at least one adverse pregnancy outcome and 112/194 pregnant women had a normal pregnancy. A total of 509/703 women conceived singleton pregnancies of which 454 were normal and 55cases diagnosed with adverse outcomes (10%). Compared with singleton pregnancies in vitro fertilization, multiples have an increased risk of adverse prenatal outcomes(Figure 1) particularly preterm birth and low birth weight(Figure 2). The result by chi-square test was statistically significant (P value =0). There were no significant differences in incidences of congenital malformations.

Conclusion:A significant risk of ART is multiple pregnancies. This study suggested that the ART multiple pregnancies have increased rates of adverse birth outcomes.

P14-05 - INCREASED NUCHAL TRANSLUCENCY AT 11-14 WEEKS OF GESTATION AS A MARKER FOR ADVERSE PREGNANCY OUTCOMES.

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Objective:To evaluate the association of increased fetal nuchal translucency(NT) and adverse pregnancy outcomes.

Method:The study was performed prospectively on 932 fetuses who were conceived after Assisted Conception independent of multiplicity between 11 and 13 weeks' gestation by ultrasound. Maternal and fetal data (NT, caryotype, pregnancy outcome) and infant follow-up of 20 fetuses with first trimester NT thickness (NT>95th percentile for a given crown rump length (CRL)) were analyzed.