Objectives: To evaluate the ultrasonic characteristic of Caesarean scar pregnancy in anterior wall of the lower segment of the uterus by transabdominal and transvaginal three dimensional ultrasound and its guiding value for clinical treatment.

Methods: The clinical data of 28 CSP diagnosed by transabdominal and transvaginal three dimensional ultrasound were retrospectively analysed. Under transabdominal and transvaginal two-dimensional and three dimensional ultrasound, it can be clearly displayed that the boundary and the relation of spatial relation between gestation sac and Caesarean scar, the thickness of muscle layer and the distribution of the perimetrium in Caesarean scar, the blood distribution of the internal and peripheral gestation sac and the situation of uterine cavity, cervix uteri etc.

Results: There were no gestation sacs in uterine cavities of 28 CSP, but it could be seen in Caesarean scars. In terms of ultrasonic characteristics, there were 14 CSP which had the gestation sac only in Caesarean scar, 4 CSP which only had clutter echoic mass in Caesarean scar, 7 CSP which had segmental gestation sac in both Caesarean scar and the other in turerine cavity, which looked like water drop or eggplant and 3 CSP which had segmental gestation sac in Caesarean scar and the other in cervix uteri, which looked like water drop or eggplant. In all of 28 CSP, the anterior wall of the lower segment of the uterus had a “wedge” change. The boundary between gestation sac and Caesarean scar was not clear, while the thickness of muscle layer in Caesarean scar was very thin. The blood flow signals were all concentrated in Caesarean scar and mostly rich.

Conclusions: The relationship between gestation sac and Caesarean scar can be more clearly found by transabdominal and transvaginal colour Doppler flow imaging and three dimensional ultrasound which also could make localised and qualitative diagnosis as soon as possible and provide a reliable basis for clinical treatment and judging curative effect.

P16.06
Dangerous fetal heartbeat-positive abdominal pregnancies in a developed country

Department of Obstetrics and Gynecology, Kobe City General Hospital, Kobe, Japan

Objectives: Fetal heartbeat (FHB)-positive abdominal pregnancies (APs) represent problematic ectopic pregnancies (EPs) in developed countries. Some early APs undergo abrupt and massive intra-abdominal bleeding with rupture of the pregnancy mass because the pregnancy contents are not covered by the tube or uterus. FHB-positive APs also have rich vascular supplies, increasing the risk of profuse bleeding during surgery. We explored these problems by performing a review of FHB-positive abdominal pregnancies reported.

Methods: All medical articles and congress abstracts are included in the national review system, similar to PubMed. We searched this system using the terms “abdominal pregnancy” and identified 69 articles, including 95 cases of AP with sufficient clinical information, including our previously reported case from 1983 to 2014. There were 86 early (E) APs (i.e. 19 weeks or less) and 9 AAPs (i.e. 20 weeks or longer). There were 12 FHB-positive EAPs.

Results: 12 (14%) of the 86 EAPs were FHB-positive. Most cases (7/12; 58.3%) rapidly progressed to shock or received a blood transfusion before operation. Six of eight patients with APs later than 9 weeks (75%) were in shock or received a blood transfusion before operation. Successful removal was achieved by laparotomy in most cases (8/12), though initial laparoscopy was converted to laparotomy in one case. Removal was achieved laparoscopically in two cases. One FHB-positive 8-week abdominal pregnancy without operation was administered potassium chloride and MTX successfully. Blood loss ranged from 200–3,200 g, except in three cases and seven of the 12 cases (58.3%) received blood transfusions.

Conclusions: FHB-positive APs should be regarded as dangerous. Operative treatment is usually difficult and clinical course is sometimes abrupt in APs.

P16.07
Complication of early pregnancy among women in Nigeria: blood pressure in pregnancy, fetal growth and neonatal complications

B.C. Oguntoyinbo
Department of Obstetrics and Gynecology, Lobmort Specialist Hospital, Ibadan, Nigeria

Objectives: The main objectives of the studies are to examine the associations of maternal lifestyle habits with hypertensive complications during pregnancy and with fetal growth and the risks of neonatal complications.

Methods: This study was embedded a population-based prospective cohort study from early pregnancy onwards in Ibadan, Nigeria. The Study is a prenatally recruited birth cohort study and therefore response percentage of the children at birth is reported. The study was embarked and approve by the Management Board of Lobmort Specialist Hospital, with consent obtained from all participating women. All pregnant women were enrolled during pregnancy between 2001 and 2005. This study was performed in 8623 women, participating in a population-based prospective cohort study from fetal life onwards. Blood pressure and fetal growth characteristics were assessed each trimester. Information on hypertensive and neonatal complications was obtained from medical records.

Results: The results suggest that higher blood pressure was not associated with fetal growth characteristics in second trimester, but with smaller fetal head circumference and femur length and lower fetal weight from third trimester onwards. An increase of blood pressure from second to third trimester was associated with an increased risk of neonatal complications. As compared to non-hypertensive pregnancies, women with preeclampsia had increased risks of preterm (OR, 5.89 (95% CI: 2.63, 13.14)), low birthweight (OR, 8.94 (95% CI: 6.19, 12.90)) and small-size-for-gestational-age (OR, 5.03 (95% CI: 3.31, 7.62)) children.

Conclusions: Our results suggest that higher maternal blood pressure levels are associated with impaired fetal growth from third trimester onwards and increased risks of neonatal complications. Pregnancy induced hypertension and preeclampsia were associated with strongly increased risks of preterm birth, low birthweight and a small-size-for-gestational-age at birth. The underlying mechanisms for these associations need to be identified.

P16.08
Dangerous methotrexate-indispensable abdominal pregnancies in a developed country

Department of Obstetrics and Gynecology, Kobe City General Hospital, Kobe, Japan

Objectives: Methotrexate (MTX)-indispensable abdominal pregnancies (APs) represent problematic ectopic pregnancies (EPs) in developed countries. Because the pregnancy content is not covered by the uterus or tube, pregnancy contents may infiltrate to neighboring organs and tissues in the case of APs. Additional MTX administration may be necessary in some cases after initial operations. We review MTX-indispensable APs, reported in our country between 1983 and 2014.