P257 Obstetric and perinatal outcome in patients with thyroid dysfunction associated with pregnancy-induced hypertension

Jaime Leon (MX)[1], Roger Rosado (MX)[2]
[1]Instituto para el Estudio de la Concepción Humana, [2]Horan

Objective: Determine the obstetric and perinatal outcome in patients with Pregnancy-induced Hypertension (PIH) and its association with thyroid dysfunction.
Patients: We studied a group of 80 patients with the diagnosis of pregnancy over 20 weeks and PIH, which TSH, T3 and T4 where performed.
Methods: Descriptive study, cross-sectional and prospective study of 80 patients. They were divided into 2 groups; those with the diagnosis of thyroid dysfunction and Euthyroid
Main Outcome Measures: We evaluate the delivery, gestational age, Obstetric and Neonatal complications
Results: It was noted that the higher prevalence of PIH 41.25% (33/80) corresponded to Severe Preeclampsia. Of these patients affected by hypertensive disease, 15% (12/80) had thyroid dysfunction corresponding 10 with subclinical hypothyroidism, 1 with hypothyroidism and 1 with Hyperthyroidism. In relation of delivery, obstetric complications, gestational age there were not significant differences; however we found differences in birth weight in the group 1 with an average weight of 2.505 ± 0.62 kg. vs. group 2 with 2.822 ± 0.68 kg ($p < 0.01$); also we found that there were more newborns classified as Small for Gestational Age (SGA) in group 1 with 5.0% (6/12) vs. group 2, 2.5% (14/56) ($p < 0.01$) and in the maternal age group 1 with 27.5 years vs. 23.9 years group 2 ($p < 0.01$) .
Conclusions: The prevalence of thyroid dysfunction in was found outside the usual levels. There was no association in the maternal and fetal morbidity, however significant diffference was found in the age of the patients, newborn weight and more SGA patients. This could mean that the thyroid dysfunction is associated with neonatal adverse results.

P258 Hereditary thrombophilia in the development of complications of gestation in pregnant women with pre-eclampsia

Tetiana Loskutova (UA)
State Institution

Context: The risk of preeclampsia is primarily due to complications.
Objective: To determine the role of genetic thrombophilia in development gestation complications in pregnant with PE.
Methods: This prospective, cohort study looked at the association between hereditary thrombophilia and gestational complications on pregnant with PE. With PCR were detected genetic polymorphisms of coagulation factors and fibrinolysis (1691 G→A FVL, 20210 G→A prothrombin, 5G/4G PAI-1, 455 G→A fibrinogen *β*), endothelial dysfunction (192 Q→R PON-1, 677 C→T MTHFR), a regulator of blood pressure (235 M→T angiotensinogen II). Statistical analysis was performed using chi-square test, relative risk with 95% confidence interval.
Patient(s): 44 Pregnant women with PE and complications (premature detachment of normally situated placenta, eclampsia, HELLP- syndrome, FGR, antenatal fetal death, fetal distress) and 87 pregnant women with PE without complications (comparison group) were examined.
Result(s): Clinical and medical history factors developing obstetric and perinatal complications in pregnant women with PE include: first birth, symptoms of pre-eclampsia in the term less than 28 weeks of pregnancy, pre-eclampsia severe or moderate severity, duration of pre-eclampsia more than 5 weeks. Marker of predisposition to development of obstetric and perinatal complications in PE are the following genotypes: 1691 GA FVL – increases the risk in 2.9 times (95% CI 1.94–4.33); prothrombin 20210 GA – in 2.36-fold (95% CI 1.54–3.6); prothrombin 20210 AA – in 3.12-fold (95% CI 2.4–4.0); a combination of three or more pathological polymorphisms – in 2.58 times (95% CI 1.64–4.05).
Conclusions: These factors must be considered to determine the pregnant women at high risk of developing complications in PE.

P259 Pro-active follow-up of pregnant women with asymptomatic autoimmune thyroid disease

Mădălin-Marius Margan (RO)[1], Dana Stoian (RO)[1], Stelian Pantea (RO)[1], Elena Bernad (RO)[1], Roxana Nicolescu (RO)[2], Bogdan Timar (RO)[1], Cristina Dehelean (RO)[1], Izabela Petre (RO)[1], Mihaela Craciunescu (RO)[1], Marius Craina (RO)[1]
[1]Victor Babeș University of Medicine and Pharmacy Timișoara, [2]County Emergency Clinical Hospital Timisoara (SCJUT)

Context: Maternal hormones are essential for normal fetal development during pregnancy. Autoimmune thyroid disease is a frequent pathology in our iodine-replete region.
Objective: Evaluating the occurrence of subclinical hypothyroidism (SCH) in cases with known autoimmune thyroid disease, but euthyroid state prior to pregnancy; assessing the association between supplemental treatments and the outcome of the pregnancy.
Methods: The study is a prospective interventional controlled study with two cohorts.
Patients: The interventional cohort consisted of 109 pregnant women with known autoimmune asymptomatic thyroid disease, without any previous LT4 treatment. The control group, with unknown thyroid disease, was age-matched.
Interventions: After the pregnancy was confirmed, monthly evaluation of TSH, FT3, FT4 was performed. Offspring evaluation was made at birth.
Main outcome measure: Monthly adjustments of supplemental LT4 doses (12.5 or 25 µg), depending on the most recent and previous TSH values
Results: 88.8% of the women developed SCH in the first 4 weeks of pregnancy. Average prescribed LT4 doses increased with pregnancy progression. When TSH values were in optimal range during the whole pregnancy, there were no significant differences regarding the number of gestational weeks, weight or length at birth between interventional group and controls. As a consequence of supplemental therapy, the incidence of pregnancy loss was very low (2 cases – 1.85%).
Conclusion: The correct evaluation of asymptomatic autoimmune disease is required in case of pregnancy. The prevalence of SCH in such cases is high, despite the euthyroid state before pregnancy. An individualized treatment is recommended, with a careful follow-up of hypothyroid pregnant women and a systematic testing of thyroid function. This pro-active approach ensures a positive clinical outcome for the fetus.

P260 Is there an association between subclinical hypothyroidism and preterm uterine contractions? A prospective observational study.

Daniel Nassie (IL), Eran Ashwal (IL), Oded Raban (IL), Avi Ben-Haroush (IL), Arnon Wiznitzer (IL), Yariv Yogev (IL), Amir Aviram (IL)
Helen Schneider Hospital for Women, Rabin Medical Center

Objective: We aimed to investigate the association between subclinical hypothyroidism and preterm contractions.