



OBS & GYNAE POSTER PRESENTATIONS

P060 The efficacy of ultrasound as a pelvimetric tool

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Background: Pelvimetry is the assessment of the female pelvis in relation to the birth of a baby. In other words, pelvimetry is the assessment of the pelvic size with a view of arriving to the mode of delivery. Pelvimetry also helps in determining the mode of delivery of an expectant mother. It decides if natural delivery or caesarean section would be applied. Normal morphological features of the maternal pelvis are an important prerequisite to vaginal delivery. Longitudinal ultrasound scanning by transabdominal 3.5mhz curve linear probe was performed for measurement of obstetrics conjugate from a site most adjacent to pubic symphysis to the sacral promontory. Although clinical evaluation and radio-pelvimetry are the accepted methods of evaluation of maternal pelvis, but they are associated with radiation hazard to the fetus Barton Garbaciatic and Ryan 1982-Havery, Boice and Honeyman -- 1985 MRI (Magnetic Resonance Imaging) carries no radiation exposure but it is quite expensive, time consuming, technically demanding and not suitable during labour. Ultrasound of the conjugate is stated to be simple, cost effective and clinically useful in women with suspected inlet contraction. Based on 531 (Five Hundred and Thirty-One) of the obstetrics conjugate women that were attended to, they were divided into three groups namely those with obstetrics conjugate < 10crn, 10.1 -- 12crn and > 12crn mode of delivery was noted and maternal height and neonatal weight were correlated with ultrasound obstetrics conjugate. Ordinary least square method and logistics regression analysis were used for statistical analysis. The caesarean delivery rate was 10.9% (7/55) while the forceps delivery rate was 5.4% (4/55). Results from regression analysis

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P062 MRI features of periferous deposits in the placenta

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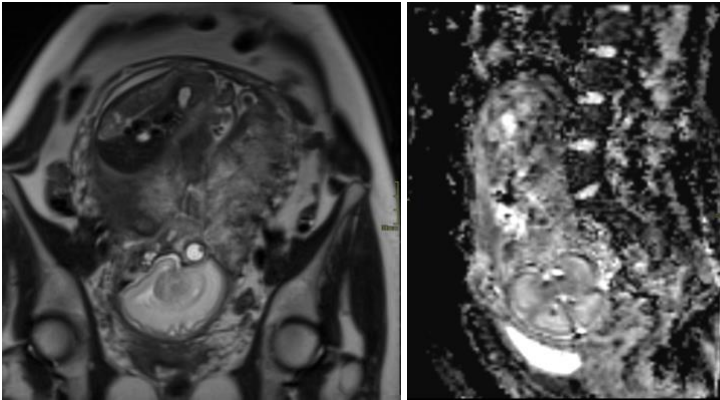
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COVID-19 has been linked to pregnancy complications and loss (1, 2). Infection during pregnancy is usually mild (3). The risk is highest in the third trimester with increased hospital admission rates and maternal and fetal compromise (3-6). Post-Covid placentitis is uncommon but the effect on the placenta and the fetus is extensive (7). We present a case report correlating clinical, imaging, and pathological findings.

Case report: A 29-year-old para 2 gravida 1, with a normal fetal anomaly scan at 22 weeks GA. Contracted COVID at 24 weeks GA. Fully recovered but reported reduced fetal movements at 27 weeks and 1 day.

Imaging: US scan showed bright echoes within the brain, small lungs and oligohydramnios. MRI showed abnormal brain signals, small lungs and oligohydramnios but also a very abnormal placenta. Reduced and heterogeneous T2 signal and a marked reduction in the DWI signal intensity. The placental size was markedly reduced (volume 785.6 cm³ expected for GA is 5604.8-5952.4 cm³. The surface area of attachment was 3220 mm², expected 22180.4-29293.2 mm²).

Pathology: The placenta was small (5th centile) with massive perivillous fibrin deposition and multifocal chronic deciduitis. Histology revealed placental chorionic villi showing diffuse sclerotic changes surrounded by perivillous fibrin deposition in the intervillous space. The basal plate revealed multifocal chronic deciduitis. Possible causes of perivillous fibrin deposits include immunologic, developmental and genetic. The placenta is a forgotten organ when imaging the fetus and should be routinely included and assessed to allow detection of important abnormalities.



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BREAST POSTER PRESENTATIONS

P063 Management of clinically indeterminate (P3) breast lesions at a tertiary centre

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Background: P3 (clinically indeterminate) lesions are investigated with ultrasound (<40 years, pregnant or lactating) or ultrasound and mammography (>40 years). Image guided biopsy is performed following uncertain or suspicious radiological findings (M3-5 / U3-5), freehand core biopsy is indicated in P3 lesions with normal imaging. Fine needle aspiration cytology (FNAC) is not recommended.

Method: Retrospective assessment of 149 electronic patient records for patients with P3 lesions between 25/4/2019-25/9/2019.

Results: 26% (38/149) had normal imaging (U1/M1). 3% (1/38) had FNAC and 3% (1/38) had ultrasound core biopsy. 63% (24/38) had freehand biopsy with 13% (3/24) showing indeterminate or suspicious histology (B3-5). 32% (12/38) were discharged without biopsy.

43% (64/149) had benign imaging (U2/M2). 23% (15/64) were discharged including a 68-year-old patient with solid lesion but benign imaging characteristics. 58% (37/64) had ultrasound guided cyst aspiration. 2% (1/64) had FNAC, 2% (1/64) had ultrasound core biopsy and 16% (10/64) had freehand biopsy, with normal pathology.

32% (47/149) had indeterminate or suspicious radiological findings (M3/U3-M5/U5). All of these were appropriately managed and 70% (33/47) were B3-5.

8% (12/149) with discordant clinical and radiological findings did not have biopsy. 2 patients with normal/benign imaging had ultrasound core biopsy and FNAC. These were evaluated on a case per case basis and patient safety was ensured.