IS-52  A case of complete androgen insensitivity syndrome with color vision deficiency hereditarily

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Complete androgen insensitivity syndrome (CAIS) results from a defect in the androgen receptor (AR) that has an X-linked pattern of inheritance. Patients of AIS have XY karyotype in female phenotype. We present a case of CAIS with color vision deficiency maternal hereditary. A 15-year-old phenotypic woman was referred to our hospital due to primary amenorrhea. The patient presented CAIS with normal female phenotype with 46,XY karyotype, normal breast development, and poor pubic hair. The distal vagina was 8cm in length and ended blindly. MRI revealed absence of uterus and ovaries. Bilateral gonads were intra-abdomen, and the left one was cystic. Hormonal analysis showed FSH 120mIU/mL, LH 30.5mIU/mL, E2 363pg/mL, T 10.1ng/mL. Any tumor markers did not increase and evaluation of pepsinogenC was negative. It has been shown the second color vision deficiency. Mother's sister is also primary amenorrhea with inguinal hernia and with color deficiency, and a mother's cousin is also primary amenorrhea. Bilateral gonads were removed laparoscopically. Histopathological findings of the gonads revealed immature testis without spermatogenesis, and no sign of malignancy. Molecular basis of AIS, (CAG), CAA-repeat length are important for modulation of AR activity, and AR mutations are responsible. We will present her molecular status to know the reason why she has been in CAIS hereditarily.

IS-53  Expectant management of anembryonic pregnancy loss: an observational trial

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Objective: To evaluate whether expectant management with a longer waiting period is an effective and safe option to women with anembryonic pregnancy. Study design: Women with ultrasound diagnosis of anembryonic pregnancy were offered the option of expectant management with a 3-week waiting period or surgical evacuation according to their own preference. Results: A total of 121 women with anembryonic pregnancy participated, and 45 of them elected expectant management. The overall successful rate was 83.3% in expectant group and 97.3% in the surgical group. Conclusion: Expectant management with a longer waiting period is efficacious and a safe option with low risk of infection and hemorrhage, however, it is difficult to predict the exact time period of spontaneous abortion.

IS-54  The Prognosis for the Surviving Fetuses after One Fetal Demise according to the dying weeks

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Objectives: The objective of this study was to evaluate the prognosis for the surviving fetuses after one fetal intrauterine death according to the dying weeks in twin or triplet pregnancies. Study Design: From March 2006 to February 2009, 25 multiple pregnancies were complicated by single intrauterine death. All medical records were reviewed the dying weeks, causes of fetal death, delivery weeks of living fetus, and neonatal complications retrospectively. Results: 25 multiple pregnancies were complicated by single intrauterine death. 21 twin pregnancies and 1 triplet. In 21 cases as first trimester spontaneous fetal loss, in 3 cases as 20 gestational weeks spontaneous intrauterine demise, and in 1 triplet pregnancy as spontaneous intrauterine fetal death occurring in the 31 gestational weeks. In first and trimester spontaneous fetal loss group, no specific cause of death were proven. In third trimester intrauterine fetal death was caused by severe intrauterine growth restriction and preeclampsia. In 21 cases as first trimester spontaneous fetal loss were delivered at median gestational age 28 weeks, 3 cases as 20 gestational weeks spontaneous intrauterine demise were delivered at median gestational age 28 weeks, and 1 triplet pregnancy as spontaneous intrauterine fetal death occurring in the 31 gestational weeks was delivered at 33 weeks. The neonatal complications of the 21 cases as first trimester spontaneous fetal loss were none, 3 cases as 20 gestational weeks spontaneous intrauterine demise live born all babies included prematurity problems, one case of them has leukomalacia, another case has 2 weeks delayed delivery after rupture of membranes of demised twin, 1 triplet pregnancy as spontaneous intrauterine fetal death has preeclampsia induced prematurity. None of the mothers showed signs of intravascular coagulopathy. Conclusions: The main problem for the surviving twin in cases occurring intrauterine fetal death after 20 weeks was prematurity. More prospective research is required to inform. KEYWORDS: Prognosis, Surviving Fetuses, One Fetal Demise.