ISP-9-8  A Comparison of the Effects of Raloxifene and Hormon Therapy on Lipid Profile and Bone Mineral Density in Postmenopausal Osteopenia Women

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Objectives: To compare the effects of raloxifene on lipid profile and bone mineral density to those of estrogen therapy in postmenopausal osteopenia women.

Methods: The effects of raloxifene (Evista® 60 mg/day, N = 42) and estrogen therapy (Premarin® 0.625 mg/day, N = 44) were compared in terms of lipid profile (total cholesterol, low-density lipoprotein cholesterol (LDL-C), high-density lipoprotein cholesterol (HDL-C), and triglyceride (TG)) change and bone mineral density change over 24 months. Lipid profile and bone mineral density (BMD) measurements were performed at every 12 months.

Results: Women treated with raloxifene for 24 months experienced decrease in total cholesterol and TG level by 4.8% and 55%, increase in LDL-C and HDL-C level by 1.7% and 7.1%, respectively, which did not show statistical significance. Women treated with estrogen for 24 months experienced decrease in total cholesterol level by 1.1%, increase in TG, LDL-C and HDL-C level by 25%, 6.1%, and 53%, respectively, which did not show statistical significance. Women treated with estrogen for 24 months experienced decrease in bone mineral density of lumbar spine by 2.7% and increase in bone mineral density of femur neck by 0.7%, respectively, which did not show statistical significance. There was no statistical difference in total cholesterol, LDL-C and HDL-C, and TG, and bone mineral density between raloxifene and estrogen therapy.

Conclusion: There was no statistical difference in effects of raloxifene and estrogen on lipid profile and bone mineral density in postmenopausal women for 24 months.

ISP-10-1  First trimester sonography for early detection of large for gestational age (LGA) fetuses

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Objective: To determine whether crown rump length (CRL) at the time of the nuchal translucency (NT) scan can identify fetuses at risk of LGA at birth.

Study design: This is a retrospective, case control study, based on review of electronic medical records. Exclusion criteria included Unknown or unreliable last menstrual period (LMP), stillbirth, known fetal/chromosomal anomalies, multifetal gestations or incomplete data. 104 consecutive LGA neonates (defined as birth weight >90% adjusted to gestational age (GA)) were detected. 100 appropriate for gestational age (AGA) neonates (defined as birth weight of 10–90th percentile) were matched for GA at delivery and served as controls. The difference between the measured (CRL) and expected (LMP) gestational age was expressed in days (Delta GA = CRL – GA) by CRL-GA by LMP). Students T test and Chi square testing were used for statistical analysis.

Groups: LGA/n: 104/ Mean ±SD: 251/Std Deviation: 3.092
Groups: AGA (Control)/n: 100/ Mean ±SD: 1.58/Std Deviation: 3.842

Results: The mean Delta GA was larger in the LGA compared to the AGA group (2.5 and 1.6 days, respectively, p=0.059). The prevalence of a positive Delta GA (indicating CRL measurement larger than expected) was similar in the LGA and the AGA controls (71.2% and 67%, respectively).

Conclusion: We detected a trend which suggests possible association between larger than expected CRL and the likelihood of LGA at birth.

ISP-10-2  The impact of first trimester screening and the detection of cystic hygroma: A retrospective study, 1999–2009

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Objective: The purpose of this study is to evaluate the impact of first trimester screening on the detection and management of cystic hygroma.

Methods: A retrospective cohort study was performed. All patients who had an ultrasound diagnosis of cystic hygroma in the Fetal Diagnostic Center of Abington Memorial Hospital between 1999–2009 were included. Data was analyzed using SAS, version 9.1. Chi-square and Fisher's exact tests were used where applicable.

Results: A total of 51 cases of fetal cystic hygroma were detected. Prior to the initiation of nuchal translucency (NT) screening, 23 cases were diagnosed from 1999–2006, whereas after NT screening began in 2006, 28 cases were detected in the next three years. In addition, the average gestational age at diagnosis for studies performed between 2006 and 2009 was significantly earlier than those diagnosed prior to 2006 (95% CI 0.06531–0.8767, P = 0.001). There has also been a statistically significant shift in type of genetic procedures performed. Prior to 2006, patients opting for a genetic procedure, 62% underwent amniocentesis and 38% underwent CVS. Since 2006, 18% underwent amniocentesis and 82% opted for CVS (CI 0.6306–0.8882, P = 0.045). The incidence of abnormal fetal karyotype with cystic hygroma was 62% which is consistent with previously reported studies.

Conclusion: The implementation of first trimester nuchal translucency screening has increased the number of cases of cystic hygroma diagnosed and decreased the gestational age at diagnosis. The decrease in gestational age at time of diagnosis has led to a corresponding shift in management from karyotype evaluation with amniocentesis to CVS.