

165 Clinical significance and treatments of massive intervillous fibrin deposition (MIFD) associated with recurrent fetal growth retardation. Y.Fuke, T.Aono, S.Imai*, N.Suehara*, T.Fujita**, M.Nakayama***, Dept. Obst. and Gynec., Univ. Tokushima, Sch.Med., Tokushima, *Dept.Obst., **Dept.of Maternity Med., ***Dept. of Pathology, Osaka Medical Center and Research Institute for Maternal and Child Health, Osaka.

It has been reported that placental disorder with massive fibrin deposition may be responsible for fetal growth retardation and often recur in next pregnancy. We examined 8319 cases retrospectively to evaluate the clinical correlation between massive intervillous fibrin deposition (MIFD) and fetal growth retardation. MIFD cases produced more small for gestational age (SGA) infants than non-MIFD cases (62.9% vs 8.2%, $p<0.001$). Mothers complicated with MIFD with SGA infants had already born more SGA infants in the previous pregnancies than those without MIFD (55.6% vs 25.9%, $p<0.05$). This result suggests that MIFD may tend to recur. We, therefore, tried to treat the multiparae, experienced MIFD and SGA infants in the previous pregnancies, with anti-coagulant or anti-platelet therapy from the beginning of the pregnancy. As a result, six in seven treated mothers bore appropriate for gestational age infants, while three in five mothers without treatment repeated SGA infants ($p<0.1$). Thus, it is suggested that these therapies may be effective to prevent fetal growth retardation in MIFD patients.

166 A Sonographic screening for chromosomally abnormal fetuses. K. Ando, S. Tamechika, K. Ogawa, K. Takahashi, H. Shiotsu, T. Miyakawa, T. Kojima, M. Izuta, K. Sato, Dept. Obst. and Gynec., Toranomon Hosp., Tokyo.

Possibility of detection of the chromosomally abnormal fetus by ultra sonographic examination at second trimester (18-22 weeks of gestation). Biparietal diameter (BPD), femur length (FL), thickened nuchal fold (NF) and BPD/FL in 23 chromosomally abnormal fetuses (Group A) detected by amniocentesis between 1986-90 at Toranomon Hospital, and these data were compared with those of 654 chromosomally normal fetuses (Group B). No significant difference was observed for BPD, FL, BPD/FL between the two groups. In group B, thickened nuchal fold of equal to or greater than 4mm were observed in 8 (1.8%) of the 487 fetuses, whereas in group A excepting those with Down's syndrome, it was observed in 3 (37.5%) out of 8 fetuses, 6 (62.5%) out of 8 fetuses with Down's syndrome. The difference were statistically significant between groups. If one employs 4mm as a cut-off level, the sensitivity for the detection of chromosomally abnormal fetus except Down's syndrome was 37.5% and specificity was 98.4%; for Down's syndrome, which were 75% and 98.6%. Thickened nuchal fold was suspected to be of great use for the screening of chromosomally abnormal fetuses.

167 The clinical evaluation of the estimated prenatal growth curve in twin pregnancy. M.Asada, J.Minagawa, T.Yamada, T.Okada, Dept. Obst. and Gynec., Minoh City Hospital, Osaka.

The birth weights of one hundred and sixty-nine neonates (excluded three prenatally dead fetuses) born from eighty-six mothers with twin pregnancy were dotted on the graph of standard growth curve, which has been originally made by the statistic analysis of results obtained from our frequent sonographic estimation of thirty-nine women with twin pregnancy, and was reported at the 39th Japanese OB-GYN congress of 1987 in Tokyo. These dots were divided into upper and lower two groups by the minus one point five standard deviation (S.D.) curve on this standard graph. The obvious neonatal morbidities such as respiratory distress (RDS) and congenital anomaly in 28 neonates who were dotted beneath -1.5 S.D. curve were seen in 21 neonates (75%). On the other hand, neonatal morbidity rate was quite low (19%) in another 141 neonates dotted above -1.5 S.D. curve, i.e., 27 out of 141 neonates. These result could support enough the usefulness and practicality of this standard growth curve as the weapon for the prenatal prediction of possible neonatal morbidities in twin pregnancy consequently to provide the appropriate neonatal management.