

بسم الله الرحمن الرحيم





شبكة المعلومات الجامعية التوثيق الالكتروني والميكرو فيلم



جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

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لم ترد بالأصل





Correlation Between Diameter of Yolk Sac by Transvaginal Ultrasonography at 6-12 Weeks of Gestation and Adverse Pregnancy Outcome

Thesis

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By

Aya Ibrahim Mohamed Nada

*M.B.B. Ch., Faculty of Medicine Tanta University (2012)
Resident of Obstetrics and Gynaecology at new Cairo hospital*

Under supervision of

Prof. Magdy Hassan Mohamed Koleib

*Professor of Obstetrics and Gynaecology
Faculty of Medicine-Ain Shams University*

Dr. Mohamed Abdellatif Abdelhaleem Daoud

*Lecturer of Obstetrics and Gynaecology
Faculty of Medicine-Ain Shams University*

Dr. Mohamed Mahmoud Salman

*Lecturer of Obstetrics and Gynaecology
Faculty of Medicine-Ain Shams University*

*Faculty of Medicine
Ain Shams University
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Dedication

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ABSTRACT

Objective: To assess the efficacy of burying knots beneath the rectus sheath as an alternative technique for its closure during elective cesarean section in reducing postoperative pain and discomfort. Which is considered primary outcome (evaluated by Visual analogue scale of pain), need for extra analgesia within the first 48 hours postoperative, Granuloma, Early ambulation and Early breast feeding being secondary outcomes in women planned for elective lower segment cesarean section.

Methods: This study was carried out at Ain Shams Maternity Hospital. 400 pregnant women planned for elective lower segment cesarean section were distributed into two equal groups. Control group 200 women. In this group, Rectus sheath closure done by simple running continuous sutures with the knots beneath the subcutaneous layer. and study group, In which Rectus Sheath closure done by Knot burial technique. Postoperative Pain was notified.

Results: This present study showed that there is no statistically significant difference between the two groups according to demographic data (age $p = 0.374$, BMI $p = 0.225$ and parity $p = 0.134$), early ambulation between the new technique group and control group ($p = 0.112$) and early breast-feeding first 2hrs post spinal effect ($p = 0.126$). Our results showed that there is highly statistically significant difference between two groups regarding pain scores in the 1st 24 hours postoperatively (mild, moderate and sever $p = <0.001$), statistically significant higher pain scores in control group compared to new technique group at 1st week (no pain, mild and moderate $p = 0.019, 0.367, 0.009$ respectively). There is statistically significant difference between two groups regarding pain scores at the 2nd week postoperatively (no pain, mild and moderate $p = 0.029, 0.037, 0.012$ respectively), According to secondary outcomes, there is statistically significant difference in favor of the new technique in comparison to the control group according to need for extra analgesia ($p = <0.001$) and statistically significant difference between the two groups regarding wound assessment (granuloma formation) ($p = 0.014$). in directional to Early ambulation, two hours post spinal, the difference was statistically insignificant ($\chi^2=2.525$, $p=0.112$). According to early breast-feeding, two hours post spinal effect, the difference was statistically insignificant between both groups ($\chi^2=2.347$, $p=0.126$).

Conclusion: In the present study, it is found that Knot burial technique is a very effective way of closing rectus sheath during elective cesarean section. Knot burial technique decreases post-operative pain scores especially in first and seventh postoperative days, it reduces the required administration of extra analgesia used within the first 48 hours postoperatively and allows early ambulation.

Keywords: Elective Cesarean Sections, Pain Scores, Rectus Sheath Closure.

List of Contents

Title	Page No.
List of Tables	i
List of Figures	iii
List of Abbreviations.....	vii
Introduction	1
Aim of the Work.....	3
Review of Literature	
Embryology	4
First Trimesteric Ultrasound	10
Correlation Between first trimesteric Ultrasound abnormalities and Pregnancy Outcome	46
Patients and Methods.....	57
Results	65
Discussion	89
Summary	99
Conclusion	102
Recommendations	103
References	104
Arabic Summary	—

List of Tables

Table No.	Title	Page No.
Table (1):	Gestational age and corresponding Crown Rump Length (mm).....	35
Table (2):	Distribution of pregnant women according to their baseline characteristics regarding age, body mass index, parity.	66
Table (3):	Distribution of pregnant women according to demographic data of scan in the first visit between 6-12 weeks of gestation.....	69
Table (4):	Comparison between the Yolk sac diameter according to demographic data in 1st Trimesteric Scan.....	70
Table (5):	Comparison between the Yolk sac diameter according to gestational sac diameter (mm) in 1st Trimesteric Scan.	72
Table (6):	Comparison between the Yolk sac diameter according to crown rump length(mm) in 1st Trimesteric Scan.....	73
Table (7):	Distribution of pregnant women according to their fetal life.....	74
Table (8):	Distribution of 120 pregnant women according to their 2nd trimesteric visit.....	75
Table (9):	Distribution of pregnant women according to placenta location.....	76
Table (10):	Correlation between yolk sac diameter in 1st trimisteric scan and pregnancy outcome at 2nd trimisteric scan.	77
Table (11):	Correlation between yolk sac diameter in 1st trimisteric scan and gestational age at 2nd trimisteric scan.	78

List of Tables Cont...

Table No.	Title	Page No.
Table (12):	Correlation between yolk sac diameter in 1st trimisteric scan and Biparital diameter(mm) at 2nd trimisteric scan.	79
Table (13):	Correlation between yolk sac diameter in 1st trimisteric scan and abdominal circumference (mm) at 2nd trimisteric scan.	80
Table (14):	Correlation between yolk sac diameter in 1st trimisteric scan and femur length (mm) at 2nd trimisteric scan.	81
Table (15):	Correlation between yolk sac diameter in 1st trimisteric scan and estimated fetal weight (gm)at 2nd trimisteric scan.....	82
Table (16):	Correlation between yolk sac diameter in 1st trimisteric scan and gestational age by us (weeks) at 2nd trimisteric scan.	83
Table (17):	Correlation between yolk sac diameter in 1st trimisteric scan and amniotic fluid index(mm) at 2nd trimisteric scan.	84
Table (18):	Correlation between the diameter of yolk sac (mm) with all parameters, using Pearson correlation Coefficient in the study group.	85

List of Figures

Fig. No.	Title	Page No.
Figure (1):	Human blastocyst of approximately 12 days	5
Figure (2):	Fully implanted 12-day human blastocyst	6
Figure (3):	A 13-day human blastocyst	8
Figure (4):	Transvaginal ultrasound of a fetus at 12 weeks' gestation in a midsagittal orientation	12
Figure (5):	Sagittal plane of a uterus with a gestational sac at 4.5 weeks' gestation	18
Figure (6):	Mid-sagittal plane of a uterus with a gestational sac at 6 weeks' gestation	19
Figure (7):	A mid-sagittal plane of a uterus with a gestational sac at 5.5 weeks gestation	19
Figure (8):	Gestational sac at 6 weeks. Note the location of the embryo (labeled) in close proximity to the free wall of the yolk sac	20
Figure (9):	Gestational sac at 7 weeks gestation	22
Figure (10):	Transvaginal ultrasound of a gestational sac with an embryo measuring 1.8 mm in size	23
Figure (11):	Gestational sac at 6 weeks with an embryo measuring 5.1 mm in Crown- Rump Length	24
Figure (12):	Gestational sac with an embryo at 8 weeks	25
Figure (13):	Dichorionic-diamniotic twin pregnancy	27
Figure (14):	Monochorionic- diamniotic twins (A and B; at 8 weeks gestation	28
Figure (15):	Monochorionic-Diamniotic twins	28
Figure (16):	Monochorionic- monoamniotic twins	29
Figure (17):	Crown-Rump Length (CPL) measurement of a fetus at 12 weeks gestation	34

List of Figures Cont...

Fig. No.	Title	Page No.
Figure (18):	A & B: Mean sac diameter (MSD) of a gestational sac at 5 weeks calculated as the arithmetic mean diameters derived from its greatest sagittal (A1), transverse (A2) and coronal planes (B1)	37
Figure (19):	Mid-sagittal plane of a fetus in the first trimester of pregnancy with a normal nuchal translucency measurement.....	39
Figure (20):	Mid-sagittal plane of a fetus in the first trimester of pregnancy with an enlarged nuchal translucency measurement.....	39
Figure (21):	A large gestational sac (MSD > 25 mm) with no embryo seen	46
Figure (22):	A and B show 2 gestational sacs with abnormal size yolk sacs: small in A - (solid arrow) and large in B (broken arrow).....	47
Figure (23):	Absence of a yolk sac	48
Figure (24):	Large yolk sac	49
Figure (25):	Small yolk sac	50
Figure (26):	Calcified yolk sac.....	51
Figure (27):	Echogenic yolk sac	52
Figure (28):	Mid-sagittal view of a fetus at 11 weeks gestation with anencephaly	54
Figure (29):	A fetus with Pentalogy of Cantrell at 12 weeks gestation	54
Figure (30):	Conjoined twins at 12 weeks gestation on 2D (A) and 3D (B) ultrasound.....	55

List of Figures Cont...

Fig. No.	Title	Page No.
Figure (31):	Mid-sagittal plane of a fetus in the first trimester of pregnancy with a normal nuchal translucency measurement (NT).....	56
Figure (32):	Mid-sagittal plane of a fetus in the first trimester of pregnancy with an enlarged nuchal translucency measurement (NT)	56
Figure (33):	Studied cases flow chart.....	65
Figure (34):	Histogram distribution of pregnant women according to their age.....	67
Figure (35):	Histogram distribution of pregnant women according to their parity.....	67
Figure (36):	Histogram distribution of pregnant women according to their body mass index.....	68
Figure (37):	Bar chart between the yolk sac diameter according to age (years).....	71
Figure (38):	Bar chart between the yolk sac diameter according to body mass index.....	71
Figure (39):	Bar chart between the yolk sac diameter according to gestational sac.....	72
Figure (40):	Bar chart between the yolk sac diameter according to crown rump length.....	73
Figure (41):	Pie chart distribution of pregnant women according to their fetal life.....	74
Figure (42):	Bar chart distribution of pregnant women according to placenta.....	76
Figure (43):	Bar chart between positive fetal life and negative fetal life according to yolk sac diameter (mm).	77