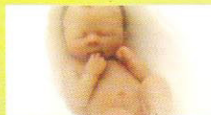




*This monogram is dedicated to the memory
of late professor*

E. T. Rippmann

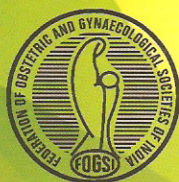


42nd WORLD CONGRESS ON
CLINICOPATHOPHYSIOLOGY OF PREGNANCY



27th, 28th and 29th August, 2010
Hotel Westin, Pune

MONOGRAM



Reaching
The Unreached
FOGSI 2010 INITIATIVE
www.fogsi.org

In association with



www.gestosis.ge

SECTION 4-SELECTED FREE PAPERS

Selection of Research Presentations

We enjoyed the opportunity of making the selections for the Research presentations. The process this time was unique for us. As the entire conference was virtually paperless, so was the Paper submission and selection process. Delegates had to upload their abstracts on the relevant area of the site. We went through all of them, with a fine toothed comb and short listed about 30 and through an automated system sent e-mails to them to upload their Power Point Presentations.

We were then able to choose 10 papers for oral presentation where we felt that the study was innovative, relevant to the conference and well documented. The remaining were selected for E-posters, which will be screened during the Conference. This again is an unusual concept, which is very welcome as delegates will not need to individually make posters and there is a standardization of pattern. We hope all of you take the time to both listen to the oral presentations and read the E-posters.

Jyothi Unni

Dr. Suchitra Pandit

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3)	Subtelomeric rearrangements and 22q11.2 deletion syndrome in anomalous growth-restricted fetuses with normal or balanced G-banded karyotype M. CHEN*†‡§, W.-L. HWU†, S.-J. KUO*, C.-P. CHEN†, P.-L. YIN*, S.-P. CHANG*, D.-J. LEE*, T.-H. CHEN*, B.-T.WANG* and C.-C. LIN**	36
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Basics of EPH-Gestosis

Contributed by His Highness Prince Avtandil Chkheidze:

EPH-Gestosis is the most important pregnancy complication, killer No. 1 for babies and mothers. It is important to know that the baby is 100 times more in danger than the mother. EPH-Gestosis is not a disease, it is a syndrome. The cardinal signs and symptoms edema (E), proteinuria (P) and hypertension (H) may appear simultaneously, or singly. The causes of E, P and H are manifold. Therefore it is illogical and even harmful to treat such a heterogeneous group in just one way. The causes of the cardinal signs and symptoms vary greatly according to population grouped its location. They should be discovered before a next pregnancy.

Over 100 names of this syndrome, more than 50 classifications and various techniques to assess the signs and symptoms make it impossible to compare results worldwide. This confusion prevents the science from progress,

The OG has suggested sensible nomenclature, classifications and definitions, which could overcome this barrier.

Nomenclature

Pregnancy Gest...

Complicated osis

EPH Gestosis (EPH-Syndrom; EPH-Complex ; Rippmann's Syndrome)

by Edema (E), Proteinuria (P), Hypertension (H)

Classification:

Symptomatic

Mono EPH

PolyEP

EH

PH

EPH

£1 (Eclampsia imminent) EC (Eclampsia convulsiva)

Pathogenetic

1. Super imposed EPH-Gestosis

2. Transient/essential EPH-Gestosis

(no signs and symptoms after puerperium)

3, Concomitant diseases

4. Unclassified EPH-Gestosis

Definitions:

Edema

Excessive (inadequate) increase of body-weight during pregnancy, usually Due to fluid retention, i.e.

More than 500 g/week

2000 g/week

13 kg/entire pregnancy Demonstrable retrorbital edema are of gestosis origin. If they are still present after a night's bedrest.

Proteinuria

More than trace in one specimen. Preferably dipstick.

Hypertension

Last normal reading 135/85

First pathological reading 140/90



In Hypotension

Increase of 30 mmHg systolic Increase of 15 mmHg diastolic.

Since EPH-Gestosis is rampant in the developing countries with little no facilities for prenatal care the methods to detect E, P and H have to be simple and for everybody to be understood and to be carried out.

EPH-Gestosis means high risk pregnancy. It might just mean that the pregnant patient has to be watched and monitored closely. Such EPH-Gestosis can be detected at a very early stage and treated adequately.

It is mandatory to examine each patient thoroughly two to three months after delivery to exclude all conditions which could lead to EPH-Gestosis again in a future pregnancy.

PRESIDENT OG SSPP 2009/2010

President of 42nd World Congress on Clinico Pathophysiology of Pregnancy, Organisation Gestosis (OG),

Society for the Study of Pathophysiology of Pregnancy(SSPP)

Prof. Girija Wagh

Organizing Secretary Gestosis 2010

