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Intrauterine growth restriction: contemporary issues in diagnosis and management

*Capros Hristiana, Scoricoval Iana, Mihalcean Luminita

¹Department of Obstetrics and Gynecology, Nicolae Testemitsanu State University of Medicine and Pharmacy
Chisinau, the Republic of Moldova

*Corresponding author: caproscristina@yahoo.com. Received March 02, 2017, accepted April 10, 2017

Abstract

Background: Intrauterine growth restriction represents a fetal life treating condition in obstetrics. Diagnosis and appropriate management during pregnancy is essential because of the considerable morbidity and mortality to which restricted new-borns are exposed. Implementation of diagnostic criteria could potentially determine an optimized outcome in these patients.

Material and methods: The article reflects a study of 728 cases of patients delivered to the Obstetrical department of Municipal Hospital No1, Chisinau, the Republic of Moldova during January-December 2016. A special protocol for clinical and paraclinical data collection was used. From these 728 cases, 50 histories of low birth weight fetuses (<2500g) were analysed in detail.

Results: The average weight of LBW fetuses was 2057 gr. 27 fetuses (54%) were diagnosed as intrauterine growth restricted fetuses. The average weight of fetuses with the diagnosis of IUGR was 1989 gr. 18.52% infants had a very low birth weight (1000-1499 g.), 84.48% infants had low birth weight (2500-1500 g).

Conclusions: The prevalent criteria for diagnosis of intrauterine growth restriction in our study were foetal abdominal circumference below 10th percentile (52.3 %). The ultrasound evaluation showed to have an average sensitivity in the predicting the foetal weight at birth (47.6%). In the majority of cases the delivery was done by cesarian section (62.9%), with the most frequent indication for foetal extraction – vascular redistribution and beginning of cerebral vasodilatation (37.5 %).

Key words: intrauterine growth restriction, small for gestational age, foetal Doppler, foetal biometry.