

Conclusion: ATX-LPA system might be involved in a regulatory mechanism of oxidative stress, local immunity and cell differentiation, contributing to a proper control of placental function to support healthy fetal growth.

29.

THE ADVANTAGE OF INTRAUTERINE EVACUATION FOR PLACENTAL REMNANT WITH CONTRAST-ENHANCED ULTRASONOGRAPHY AND UTERINE BALLOON TAMPONADE

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Introduction: Placental remnant is one of the cause of the postpartum hemorrhage. Although intrauterine evacuation is performed for placental remnant without adhesion, it may cause a massive hemorrhage because of inability to identify bleeding points during operation. Here, we show the advantage of intrauterine evacuation for placental remnant with contrast-enhanced ultrasonography (CEUS) and uterine balloon tamponade (UBT) with four clinical cases. CEUS has been required to identify the bleeding points and contribute to successful hemostasis.

Method: We experienced four cases of placental remnant and performed intrauterine evacuation combined with CEUS and UBT from 2018 to 2019. Ultrasound contrast agent (Sonazoid®) was infused just before an operation. After the intrauterine evacuation, the uterine balloon (minimetro®) was detained.

Result: Four clinical cases are as follows: a case of placental remnant at the postpartum 10th day, a case of placental remnant 28th days after the cesarean section, the case of suspected pseudoaneurysm at the postpartum 30th days and the case of placental remnant coexist placenta accreta at 27th days after the 19weeks abortion. Intrauterine evacuation combined with CEUS and UBT was performed. In all cases, CEUS could identified bleeding points immediately and hemostasis was confirmed by UBT. In the next day, uterine balloon was taken off and there were no complications in all cases.

Conclusion: CEUS could identified the bleeding points during operation and contribute to successful hemostasis.

30.

A CASE OF VAGINAL DELIVERY AFTER INTRAUTERINE FETAL DEATH (IUFD) WITH PLACENTA PREVIA IN SECOND TRIMESTER PREGNANCY BY UTERINE ARTERY EMBOLIZATION

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Introduction: There are few reports on labor management with placenta previa after IUFD in a second-trimester pregnancy. It is very difficult to deal with pregnancy termination of IUFD with placenta previa in second trimester pregnancy. We report a case of successful vaginal delivery after IUFD with placenta previa in second trimester pregnancy.

Case: A 39-year-old nulliparous pregnant woman was referred at 21 weeks gestation, because of fetal screening. Sonographic findings showed complete placenta previa, fetal growth restriction, velamentous cord insertion and hyper coiled cord and uterine myoma. At 22 weeks, sudden fetal death occurred. To avoid cesarean section, we performed uterine artery embolization (UAE) before vaginal delivery. After the UAE, cervical dilator was inserted for cervical ripening and the fetus was delivered vaginally by using prostaglandin and oxytocin. The total blood loss was only 168g. We have been evaluating and monitoring involution of uterus and postpartum ovarian activity.

Discussion: Several reports suggest as the useful method for pregnant women with placenta previa after IUFD in a second-trimester pregnancy, labor induction after UAE, cesarean section, simple hysterectomy and D&E. At present, however, there is not enough evidence for bleeding and fertility, and we don't have obtained consensus for management in these cases.

31.

COMPARISON OF SPONTANEOUS PREGNANCY WITH PREGNANCY AFTER EMBRYO IMPLANTATION IN WOMEN WHO DELIVERED BABIES AT AN ADVANCED AGE AT OUR HOSPITAL

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Objective: Lifestyle changes in females and advances in infertility treatment have elevated the maternal age. In this study, we compared spontaneous pregnancy with pregnancy after embryo implantation in patients who delivered babies at an advanced age.

Methods: Of single-birth patients who delivered babies in our hospital between January 2013 and December 2018, we extracted those aged ≥ 41 years at the time of delivery, and compared the clinical findings, neonatal findings, and pathological findings of the placenta (Amsterdam classification) between spontaneous pregnancy and that after embryo implantation.

Results: The subjects consisted of 85 who became pregnant spontaneously and 57 who became pregnant after embryo implantation. Primiparae accounted for 27 and 4.4%, respectively ($p < 0.01$). As complications, hypertensive disorders of pregnancy (HDP) were observed in 7 and 10.5% of the subjects, respectively ($p = 0.54$), and diabetes mellitus (DM)/gestational diabetes mellitus (GDM) in 15.3 and 10.5%, respectively ($p = 0.46$). Concerning delivery methods, Cesarean section was performed in 42.4 and 61.4% of the subjects, respectively ($p < 0.05$). Of these, emergency Cesarean section was conducted in 15.2 and 10.5%, respectively ($p = 0.46$). The mean volume of blood loss on delivery was 628 ± 461 and $886 \pm 1,072$ mL, respectively ($p = 0.053$). In the spontaneous pregnancy group, there was no placenta accreta in any patient. However, in the post-embryo-implantation pregnancy group, it was observed in 4 patients. Premature birth before Week 36 of pregnancy accounted for 8.2 and 8.7%, respectively ($p = 1.00$). The mean birth weights were $2,823 \pm 602$ and $2,869 \pm 554$ g, respectively. The mean Apgar scores at 1 minute were 7.5 and 8.5, respectively, and those at 5 minutes were 8.5 and 7.3, respectively. Small-for-date (SFD) neonates accounted for 4.7 and 1.7%, respectively ($p = 0.64$). Neonates who were admitted to the neonatal intensive care unit (NICU) with full-term birth respiratory disorder accounted for 4.7 and 15.7%, respectively ($p < 0.05$). The pathological findings of the placenta included abnormalities at the umbilical cord attachment site (velamentous insertion of the cord, furcal adhesion) (5.9 and 17.5%, respectively) ($p < 0.05$). In 1 of the patients with placenta accreta, hemostasis was difficult, and supravaginal amputation of the uterus was performed. Histopathologically, placenta increta was observed. For histopathological examination of the placenta, specimens from 39 patients were submitted. According to the Amsterdam classification, fetal/maternal vascular malperfusion was slightly more frequent in the post-embryo-implantation pregnancy group. The thickness of the decidua basalis layer markedly differed among the patients and sites.

Conclusion: At an advanced maternal age, attention should be paid to complications. In particular, the risks of placenta accreta/massive hemorrhage must be considered in patients who became pregnant after embryo implantation.

32.

A NEONATE WITH TRANSIENT ABNORMAL MYELOPOIESIS

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Neonatal transient abnormal myelopoiesis (TAM) is primarily associated with GATA-1 gene mutations in the embryonic phase in trisomy 21 neonates. In most cases, this disorder spontaneously subsides, but the concomitant development of organ damage leads to a poor prognosis. In some cases, acute megakaryoblastic leukemia develops after a few years. In this study, we report a neonate TAM who was brought to our hospital by ambulance, and present pathological findings of the placenta. The neonate's mother was a 40-year-old primipara. On the previous pregnancy,