Data on the mode and the result of management were collected from medical records.
Results: All cases were vaginal delivery. We diagnosed eight cases were trapped placenta, 41 cases were adherent placenta, and one case was placenta accreta. Adherent placenta were underwent manual removal of placenta. Placenta accreta associated with bicornate uterus removed the one side uterus at the time of infection. These interventions were performed on the day from delivery on average: zero day for bleeding, nine days for infection, 1.6 days for hopeful cases, and 23 days for placenta accreta. 28 cases (56%) required blood transfusion. Two cases (4%) were performed UAE. UAE was performed prior to placental delivery. Of all 49 cases who underwent manual removal of placenta, eight cases were partially left, and two cases required hospitalization.
Conclusion: 96% of these cases were not required UAE.

37.
PECULIAR BLOOD FLOW PROFILES IN PLACENTAL CHORIONIC VILLOUS VESSELS IN A CASE OF SYSTEMIC LUPUS ERYTHEMATOSUS DESCRIBED USING MICRO-VASCULAR IMAGING

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Introduction: SMI is a new technology for observing low blood flow /high-resolution Doppler images. We report a case of SLE, showing a peculiar blood flow profile of placental villous vessels (PVVs) using SMI.
Case: The patient was a 36-year old nulliparous woman with SLE. At 36/0 weeks' gestation, severe fetal growth restriction of -2.6SD for the gestation and a thick placenta of 67mm was noted. There was a thin area in the myometrium to which the placenta was attached. SMI revealed double layers of signals in the area of the normal myometrium equivalent to myometrium and decidual blood flows, however, only a single layer in the area of the thin myometrium. PVVs flow profiles were different depending on the sites; sparse PVVs with poor branching structures underneath the area of normal myometrium, and more sparse and fewer branching PVVs underneath the area of thin myometrium. At 36/3 weeks' gestation, Caesarean hysterectomy was performed due to abnormal fetal heart rate patterns and placenta previa. A 1,771-gram female neonate was delivered. Histopathological examination of the placenta showed missing decidual tissues in the area of the thin myometrium and the villous stroma at placenta increta had rich fibrin depositions.
Discussions: We speculated that the sparse distribution of PVVs and poor branching structures were due to chronic utero-placental insufficiency and a poor blood supply in the area of thin myometrium led to further maldevelopment of chorionic vessels.

38.
THE ASSOCIATION WITH MICRORNAS IN THE PATHOGENESIS OF PREECLAMPSIA

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Objective: Placentation requires the invasion of trophoblasts into the decidua and myometrium.And if they are insufficient,it result in placental hypoplasia and causes preeclampsia.
Involvement of trophoblasts in the myometrium has been suggested to involve Heparin-binding epidermal growth factor (HBEGF). Although it is known that expression of HBEGF is significantly reduced in the preeclampsia placenta, no association with microRNA(miR) has been reported. To detect the influence of miR132, which has been reported to be involved in the invasion of cancer cells ,in a trophoblast cell line, on the invasion ability of trophoblasts through regulation of HBEGF expression.
Methods: After been cultured and transferred pre-miR132, the trophoblast cell lines(BeWo and HTR8/SVneo) were seeded. After 48hours, RT-PCR was used to measure the expression levels of HBEGF mRNA .
Results: The expression of miR132 was increased in BeWo and HTR8/SVneo after miR132 transfection.
Compared with the control group, the expression levels of HBEGF mRNA was significantly reduced in the cell group by miR132 transfection.
Conclusion: Involvement of miR132 and HBEGF expression in trophoblast cell line has been suggested.

39.
HOMOCYSTEINE INDUCES APOPTOSIS IN CHORIOCARCINOMA CELLS

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Introduction: In recent years, folate deficiency has been reported to be associated with habitual abortions, placental abruption or infarcts, and intrauterine growth retardation, and the mechanism is considered that folate deficiency slows the turnover of the folate pathway and increases blood serum concentration of Homocysteine (Hcy). Furthermore, there are some reports that Hcy induced apoptosis of trophoblasts. Thus, we focused on the possibility that intracellular Hcy concentration is involved in choriocarcinoma cell death by methotrexate (MTX).
Objective: The purpose of this study was to establish MTX resistant choriocarcinoma cell lines and to investigate the possibility that Hcy would decrease cell viability and increase apoptosis in choriocarcinoma cells.
Methods/Results: We established MTX resistant choriocarcinoma cells with using JAR cells. The IC50 was $8.88x10^{-7}$M for the wild strain and $3.35x10^{-3}$M for the MTX resistant strain. 200μM, 1mM, 2mM, 10mM, 20mM Hcy was added to the JAR cells, and the viable cells after 48 hours were counted. The percentages of viable cells to control which is viable cells with no treatment were 73%, 50%, 37%, 20% and 5%, respectively. Next, 1mM, 5mM Hcy was added to the JAR cells, and apoptosis was evaluated using flow cytometry. In control, 1mM Hcy, 5mM Hcy, the apoptotic cells rates in total cells were 5.9, 5.4, 10.3%, respectively.
Discussion/Conclusion: In MTX sensitive JAR cells, Hcy treatment was considered to induce apoptosis and suppress cell proliferation.

40.
A CASE OF CRIMINAL OFFENSE REVEALED BY RETAINED PLACENTA

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Introduction: Unwanted pregnancy can be an underlying cause in incidents of abandonment of newborn babies after birth, and occurs often in Japan. Many such cases involve home births, which can also pose dangers to the mother. In this paper, we report our experience of a case in which a patient was brought to our department due to severe anemia caused by retained placenta following home birth, and which ultimately became a criminal case.
Case: A 32-year-old woman, gravida 5, para 4, visited a nearby clinic with a chief complaint of dizziness. As anemia and decreased hepatic function were observed, she was transferred to the emergency outpatient department of our hospital. On arrival, genital bleeding was observed, a blood test showed that hemoglobin levels had dropped to 3.5 g/dL, and a computed tomography scan revealed a uterine mass, and the patient was transferred to our department. An examination revealed a chorionic villi-like component in the vagina and placenta-like tissue attached to the wall of the entire uterus. Although we attempted traction, it proved difficult and after administering a blood transfusion we attempted manual removal under general anesthesia. However, as removal was difficult, we performed a