

GRAVES'S DISEASE IS ASSOCIATED WITH PANCYTOPENIA AND SPLENOMEGALY RESPONSE TO STEROID THERAPY

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Abstract:

Fetal growth restriction (FGR) affects about 3% to 7% of all pregnancies. Pregnancies complicated by an unexplained mid-trimester elevation of maternal serum human chorionic gonadotropin (MShCG) and free beta hCG levels are at increased risk of or adverse pregnancy outcome. Therefore, the present study was conducted to study relationship between serum β -hCG level during the second trimester and fetal growth restriction at tertiary care centre. The study was designed as a observational study conducted at the Department of Obstetrics and Gynecology in Pt. J.N.M. Medical College and Dr. BRAM Hospital in Raipur, Chhattisgarh. The study spanned from December 2022 to December 2023. The study population was all singleton antenatal women attending OPD or IPD in their second trimester. The statistical software namely SPSS 22.0 used for the analysis of the data. The Mean age among antenatal women was 24.8 ± 3.30 years. Most of the antenatal women were Primigravida (52%). It was seen that β HCG levels were raised among 46% pregnant women. There was statistically significant association between second trimester maternal β HCG levels and fetal growth restriction. ($P < 0.001$) The present study concludes that there is a strong association between second trimester maternal serum beta human chorionic gonadotropin level and fetal growth restriction. Mid trimester β -hCG in predicting FGR remains a good screening tool.

Keywords: Second trimester, beta human chorionic gonadotropin, Fetal growth restriction, analytical.