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## HOW MANY CESAREANS ARE JUSTIFIED?

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**Objective:** Rising rates of cesarean sections (C.S.) in many countries have been of a wide concern. The objective of this report is to analyze the current knowledge about the advantages and disadvantages of abdominal delivery.

**Study design:** Report is based on recent literature, preferably on meta-analyses of prospective trials. It is also based on some own data from Finland.

**Results:** In Sweden, 1 maternal death/105 vaginal deliveries occur, while at acute C.S. the risk is 11-fold. In Cape Town, the risk of maternal death associated to C.S. is 5-fold, when primarily critically ill mothers are excluded. Further, the morbidity of the mother is greatly increased: hemorrhages, infections, deep vein thromboses, and urinary tract injuries are early complications. Late complications include bladder and bowel adhesions, ventral hernia, uterine rupture in next pregnancy, placenta accreta, and high risk for another C.S.

Maternal illness may be an indication for C.S. Previous uterine scar is felt indicated for C.S. in many centers across the world. Further, the maternal anxiety or fear is increasingly rising as an indication.

Concerning the newborn, elective C.S. may increase the risk of respiratory distress syndrome 7-fold, and the risk of meconium aspiration many-fold. It has been claimed, that by increasing C.S. rate, the perinatal mortality will decrease, yet there are centers that are able to show, that perinatal mortality does not decrease once the C.S. rate is around 6 to 10%. The main fetal indications for C.S. are dystocia, fetal distress and breech presentation. There has been recommendations to deliver all fetuses with estimated weight <2500 g or >4000 g, but this alone would lead to about 20% C.S. rate. In a recent meta-analysis on elective versus selective C.S. in pregnancies <37 weeks the data was too small to conclude whether the benefit for the newborn outweighs the maternal morbidity. Likewise, expectant management in postdate pregnancies is found to decrease the C.S. rate without fetal risks.

**Conclusions:** Evidence based medicine does not support C.S. rates higher than 10-15%

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## MAGNETIC RESONANCE IMAGING IN PROFOUND DIAGNOSING OF THE CANCER OF UTERINE CERVIX

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**Objective:** The aim of the study was to determine the diagnostic value of MRI in cervical cancer patients.

**Materials and methods:** Magnetic resonance tomography was carried out in 52 patients with cervical cancer. MRI was performed at 1,5 T using the following sequences: T1-weighted and T2-weighted TSE. The diagnoses were confirmed by histological examination of tumor specimens in all cases.

**Results:** The signals from all tumors were of high intensity at T2W1 even in small tumors. The depth of invasion was estimated on the depth of germinal layer of the cervix. In 5 observations it was considered as deep, that correlated with histological examinations. The invasion of adjacent organs was revealed at presence of obliteration of a signal of high intensity from the fat between tumor and bladder or rectum at T1 W1 in two patients. Histologically confirmed involvement of lymph nodes was revealed in 6 patients.

**Conclusion:** Magnetic resonance tomography helps to specify the degree of dissemination of pathologic process, the stage of the disease and to choose the treatment modalities.