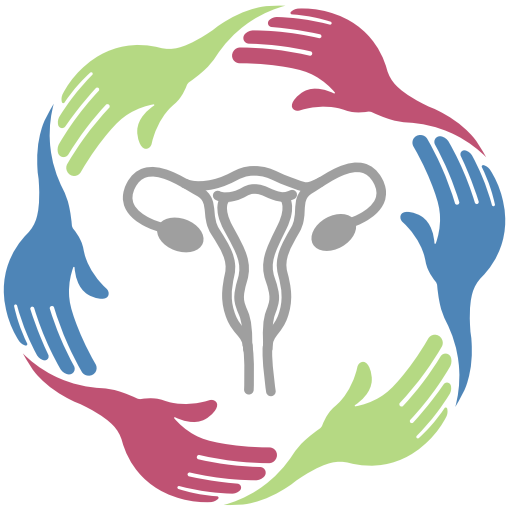

BALTIC STUDENT CONFERENCE OF OBSTETRICS AND GYNAECOLOGY

doi:10.25143/rsu_BSC-OG-conf_2026_abstracts

MAY 9TH-10TH 2026, RIGA, LATVIA

BOOK OF ABSTRACTS

On 9–10 May, the 7th Baltic Student Conference of Obstetrics and Gynaecology took place at Rīga Stradiņš University, bringing together medical students from Latvia, Lithuania, and Estonia. In total, the conference welcomed around 100 attendees, including participants, mentors, organisers, and healthcare professionals. The first day, held at Hipokrāta Street 2 on 9 May, focused on "Cervical Cancer screening and Prophylactic Measures in the Baltic Countries". On Sunday 10 May, the conference continued at Riga Maternity Hospital on Miera Street 45, where the conference focused on the topic "Psychoemotional Wellbeing During Pregnancy and Postpartum." The conference successfully united participants from three countries with a shared goal: to address key issues in women's health, develop practical clinical skills, promote the exchange of research and ideas, and inspire future careers in obstetrics and gynaecology.

Find about more about this year conference here: https://www.rsu.lv/en/news/7th-baltic-student-conference-obstetrics-and-gynaecology-3-countries-2-days

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doi:10.25143/rsu_BSC-OG-conf_2026_abstracts

ISBN 978-9934-618-92-5

Book of abstracts, prepared by Anna Drozdecka, 5th year, RSU faculty of Medicine

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COMPARATIVE STUDY: WOMEN'S KNOWLEDGE OF HUMAN PAPILLOMAVIRUS AND CERVICAL CANCER IN LITHUANIA AND LATVIA

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Introduction. Human papillomavirus (HPV) is the primary etiological factor in the development of cervical cancer. Despite the availability of high-efficacy preventive measures—national screening programs, vaccinations—cervical cancer remains a significant public health challenge in the Baltic region. These two studies examine the "knowledge-action gap" among women in Lithuania and Latvia.
Objectives. To assess and compare women's knowledge regarding HPV infection, its health effects, and cervical cancer risk factors. To evaluate awareness of and participation rates in national cervical cancer prevention programs.To identify the primary sources of information and motivators for screening participation in both populations.
Methods. Both studies employed a cross-sectional descriptive design using online surveys (Google Forms) distributed via social networks.Lithuania (LT): Conducted March–April 2025 using the Lithuanian version of the "Cervical CAM" questionnaire (n=37). Latvia (LV): Conducted using elements of "Cervical CAM" and the HPV Knowledge Questionnaire (HPV-KQ) (n=33). Data were processed using descriptive statistics, with responses categorized into "agree" or "disagree" for comparative clarity.
Results. The findings reveal a highly educated, urban demographic in both countries with moderate-to-high theoretical knowledge but lower-than-ideal practical engagement. Participants were primarily young (mean age 25 in LT and 29 in LV) and residents of large cities (67.57% in LT; 84.8% in LV). The majority held secondary or higher education degrees. A disparity exists between awareness and action. In Lithuania, 100% were aware of the program, but only 77.8% participated. In Latvia, participation was 66.7%. Recognition of "red flags" was high. Pain during intercourse was correctly identified by 78.38% (LT) and 75.8% (LV). A significant percentage of respondents incorrectly believed the screening program is for "all women" (37.8% in LT and 39.4% in LV), rather than specific age-risk groups. Only 48.6% of LT and 33.3% of LV respondents correctly identified that vaccination is available to everyone, regardless of gender or age. The Family Doctor/GP was the critical driver for screening in both cohorts (LT: 13.51%; LV: 47.1%). However, in the Latvian study, organized screening invitations (e.g., mailed letters) were not included as a predefined response option, which may represent an important unmeasured factor influencing participation.
Conclusions. High Awareness, Low Engagement: Women in both countries demonstrate a moderate-to-high level of theoretical knowledge regarding symptoms, yet clinical participation rates remain suboptimal relative to total awareness. There is a notable lack of clarity regarding current screening protocols; in Latvia, only 18.2% correctly identified the specific target age group. The family doctor remains the most effective channel for converting theoretical knowledge into participation. Public health strategies should shift from general awareness to targeted "procedural" education. Efforts should emphasize updated screening ages, the availability of gender-neutral vaccination, the necessity of regular checks even for vaccinated individuals.

CERVICAL CANCER: RISK FACTORS, THAT CAN BE PREVENTED. A SCIENTIFIC LITERATURE REVIEW

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Introduction: Cervical cancer is a largely preventable malignancy caused by persistent high-risk HPV infection, with progression influenced by modifiable factors such as smoking, long-term oral contraceptive use, and low screening uptake. Despite effective prevention through HPV vaccination, disparities in screening participation persist, prompting the development of innovative approaches such as HPV self-sampling. This review evaluates key modifiable risk factors and the effectiveness of current prevention strategies, including vaccination, behavioural interventions, and screening innovations.
Objective: To evaluate modifiable risk factors for cervical cancer and determine the efficacy of contemporary prevention strategies, specifically HPV vaccination, lifestyle intervention, and screening innovations, using literature from 2003 to 2026.
Methods: A systematic review was conducted using 45+ sources from PubMed, Nature and The Lancet. The sources consisted of systematic reviews, meta-analysis studies, and observational studies. Furthermore, guidelines from WHO and ACOG were consulted. The analysis focused on primary prevention (vaccination), secondary prevention (screening participation), and behavioural cofactors including tobacco use and long-term oral contraceptive use.
Results: High-risk HPV (hrHPV) remains the primary cause of cervical malignancy, yet progression is driven by modifiable cofactors. Early HPV vaccination shows near-total cancer reduction across populations. Smoking serves as a critical catalyst, doubling the risk of progression by impairing viral clearance. Recent data (2020–2024) confirms that long-term combined oral contraceptive use (≥5 years) increases relative risk (RR 1.2–1.4), though this risk is transient and declines post-cessation. Regarding secondary prevention, HPV self-sampling kits (94-96% sensitivity) significantly increase participation in underserved groups compared to traditional clinician-led screening.
Conclusion: Cervical cancer is highly preventable through a multi-tiered approach. Global elimination goals depend on increasing vaccination coverage, promoting smoking cessation, managing long-term contraceptive use, and utilizing self-sampling technologies to overcome screening barriers.

CASE REPORT: DELAYED DIAGNOSIS OF MICROINVASIVE SQUAMOUS CELL CARCINOMA

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Introduction. Effective cervical cancer screening requires timely evaluation and prompt intervention after high-grade squamous intraepithelial lesion (HSIL) diagnosis to prevent progression to invasive carcinoma. This case underscores the serious clinical consequences of delayed management in a young nulliparous patient.
Case description. A 36-year-old nulliparous, non-smoking female with primary infertility and a history of missed abortion presented with a complex diagnostic pathway for cervical pathology. She denied any significant comorbidities. In September 2020, initial conventional cytology showed inflammatory changes suggestive of cervicitis and minor nuclear atypia (A1), with a recommendation for a follow-up in 3 months. In March 2021, both conventional and liquid-based cytology revealed HSIL (A4). Histopathological examination of a cervical biopsy performed in April 2021 confirmed cervical intraepithelial neoplasia grade II-III (CIN II-III) with endocervical crypt involvement, Nabothian cysts, and chronic low-grade cervicitis. A repeat cytology in May 2021 again demonstrated HSIL (A4). Despite these high-grade findings, definitive surgical treatment was delayed. In July 2021, cervical conization (2.4 x 1.5 x 0.9 cm) was performed. Microscopic evaluation revealed extensive CIN III with cellular atypia and evidence of microinvasion beyond the basement membrane. The endocervical excision margins were positive for dysplastic epithelium. The final diagnosis was squamous cell carcinoma in situ (G1) with microinvasion.
Summary. This case highlights the risk of progression from HSIL/CIN III to microinvasive carcinoma due to a three-month delay in definitive treatment. Positive surgical margins emphasize the importance of further follow-up and, if necessary, additional surgical intervention to prevent recurrence. In reproductive age, the balance between fertility preservation and oncological safety remains challenging. However, persistent high-grade cytology must lead to immediate excisional management.
Conclusions. Adherence to cervical cancer screening guidelines and prompt colposcopic evaluation for HSIL are crucial steps in patient care. Delays in management can compromise both oncological outcomes and future fertility. This case underscores the importance of timely intervention to optimize patient care.

BEYOND THE SCREEN: PRIMARY PREVENTION FAILURE AND DIAGNOSTIC DECEPTION IN A CASE OF HPV-ASSOCIATED GRADE 3 ENDOCERVICAL ADENOCARCINOMA

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Introduction. Endocervical adenocarcinomas (ECA) present a profound diagnostic challenge due to their occult anatomical location, which significantly increases the risk of sampling errors during routine screening.
Case description. This report details a 45-year-old female diagnosed with a 3 cm Grade 3 p16-positive ECA, highlighting critical vulnerabilities in Baltic screening paradigms. Despite regular care, the patient experienced a false-negative hr-HPV test one year prior and a "visually normal" exam five months before the tumor was incidentally discovered, demonstrating that high-sensitivity screening is easily nullified by inadequate endocervical sampling. Furthermore, long-term oral contraceptive use provided a false sense of security while acting as an oncogenic co-factor. Staging presented profound discordance across multiple imaging modalities before pelvic-confined disease was finally confirmed, enabling radical surgical resection (final stage pT1b1N1M0).
Summary. This case illustrates a critical clinical vigilance gap where a 3 cm Grade 3 endocervical adenocarcinoma developed undetected due to a false-negative hr-HPV screening history and a visually deceptive ectocervix. Pronounced staging discordance between CT and MRI was successfully resolved by PET/CT, guiding a radical surgical intervention that identified a decisive 3 mm pelvic lymph node micrometastasis. The findings emphasize that strict quality control in endocervical sampling and primary prevention via HPV vaccination are mandatory to overcome the diagnostic limitations of occult cervical malignancies.
Conclusions. This "perfect storm" of prophylactic and diagnostic failures underscores that when secondary prevention is compromised by technical errors or visual deception, primary prevention remains the ultimate safeguard, urgently necessitating rigorous sampling quality control and expanded catch-up HPV vaccination for adult women.

A CASE STUDY ON ESTONIA'S HPV SCREENING STRATEGY

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Introduction. Cervical cancer remains a significant public health challenge in Estonia, with approximately 130 new cases and 60 deaths annually. To reduce mortality, organized screening aims for at least 70% coverage. Since 2021, Estonia has implemented HPV-based primary screening, including the option for home testing. Current guidelines mandate immediate colposcopy for HPV 16/18 positive cases, regardless of cytological findings, due to their high oncogenic potential.
Case Presentation. We present a case of a 60-year-old female who had not visited a gynecologist since 2020. In January 2025, the patient participated in the national screening program via an HPV home test, which yielded a positive result for HPV 18. Subsequent liquid-based cytology (LBC) in April 2025 was NILM (Negative for Intraepithelial Lesion or Malignancy). A colposcopy was performed in September 2025, which was deemed inadequate due to a Type 3 transformation zone (TZ) and vaginal atrophy. A repeat endocervical LBC showed ASCUS (Atypical Squamous Cells of Undetermined Significance). Due to persistent HPV 18 positivity and the inability to visualize the TZ, a diagnostic conization was performed in November 2025. Histopathology revealed Squamous Cell Carcinoma (G1), initially staged as FIGO IA2 (pT1a2 pNX R1). Further imaging (MRI/CT) upstaged the disease to FIGO IB1. The patient underwent a total hysterectomy, bilateral salpingo-oophorectomy, and pelvic lymphadenectomy in February 2026. Following an intermediate-risk classification, adjuvant external beam radiation therapy (IMRT, 25 fractions) was initiated.
Summary. This case highlights the critical role of HPV home testing in reaching patients who omit regular gynecological visits. In postmenopausal women, the transformation zone often retreats into the endocervical canal (Type 3 TZ), rendering colposcopy less effective and increasing the risk of false-negative cytology. This report underscores that in the presence of high-risk genotypes like HPV 18, clinicians must maintain a high index of suspicion. When colposcopy is inadequate and cytology is inconclusive (ASCUS), diagnostic conization is a vital tool to prevent underdiagnosis of invasive disease hidden within the endocervical canal.
Conclusions. HPV home testing is a highly effective tool for identifying high-risk individuals who fail to attend regular clinical screenings.
In postmenopausal women, a "normal" colposcopic appearance can be deceptive due to a hidden transformation zone. When high-risk HPV (especially 16 or 18) is present and the transformation zone is not fully visible, diagnostic conization is essential to avoid underdiagnosing malignancy within the endocervical canal.

ADVANCED CERVICAL CARCINOMA CASE STUDY

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Introduction. Cervical cancer is a significant gynecological malignancy with potential local invasion and distant metastasis. Advanced-stage disease, particularly FIGO stage IVA, often requires multimodal management, including chemoradiation and brachytherapy. Imaging modalities such as MRI and CT are essential for staging, treatment planning, and post-treatment monitoring. This case illustrates a patient with invasive cervical carcinoma complicated by mesorectal fascia infiltration and suspected rectal overgrowth, managed with combined chemoradiation and brachytherapy.
Case Description. This case report describes the clinical management of a postmenopausal patient with a medical history notable for an appendectomy and an ectopic pregnancy, who presented with vaginal bleeding and left hip pain radiating to the left leg. Clinical investigations, including a biopsy performed in June 2025, confirmed a poorly differentiated (G3) invasive cervical carcinoma. The tumor was p16 positive, indicating a likely HPV-related origin, and was initially staged as cT3bN1M0G3. Diagnostic imaging via MRI revealed a substantial cervical mass measuring 47*42* 60 mm with bilateral parametrial infiltration and invasion of the mesorectal fascia. The imaging further identified a pathological left obturator lymph node, suspected rectal overgrowth, and associated findings of hematometra and a Bartholin gland cyst. These factors led to a formal diagnosis of FIGO Stage IVA (T4N1) disease. The patient's treatment followed a definitive multimodal approach. This included chemoradiation using Volumetric Modulated Arc Therapy (VMAT SIB) with doses of 45 Gy and 56 Gy targeted at the tumor and regional lymph nodes. This was integrated with four cycles of weekly cisplatin, which required careful monitoring and the use of Filgrastim and blood transfusions to manage treatment-induced thrombocytopenia and neutropenia. Following the external beam radiation, the patient received high-dose-rate (HDR) brachytherapy totaling 28 Gy delivered over four fractions. Post-treatment assessments suggest a stable clinical trajectory. While a September 2025 MRI showed persistent involvement of the mesorectal fascia and the left obturator node, a comprehensive CT scan in December 2025 confirmed the absence of distant metastatic spread. Currently, the patient maintains a satisfactory general condition with an ECOG status of 0–1. Although she experiences some post-treatment fatigue, her laboratory results show recovered blood counts and normal organ function, indicating a stable response to the therapeutic regimen.
Summary. The patient w/ advanced cervical carcinoma (FIGO IVA) involving bilateral parametrial infiltration, mesorectal fascia, left obturator lymph node metastasis, hematometra, and a Bartholin gland cyst underwent definitive chemoradiation and HDR brachytherapy. Post treatment imaging shows no distant metastases with improved laboratory parameters and stable clinical status. Early detection of cervical cancer is important, as this increases disease free survival rate and starting the treatment within fifty days plays a significant role in the future prognosis of the patient.
Conclusions. Advanced cervical carcinoma with local extension and regional lymph node involvement can be effectively managed with multimodal therapy (chemoradiation and brachytherapy). MRI and CT imaging are critical for initial staging, treatment planning, and post-treatment surveillance. Long-term follow-up, including imaging and laboratory tests, is essential to detect recurrence and manage post-radiation complications.

SELF-HARM TENDENCIES AMONG POSTPARTUM WOMEN IN LITHUANIA: ASSOCIATIONS WITH PSYCHOSOCIAL AND BEHAVIORAL FACTORS

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Introduction. Postpartum depression (PPD) is a multifactorial condition with significant implications for maternal and child health. While socio-demographic and psychosocial determinants are well established, less is known about factors associated with self-harm behavior in the postpartum period. The aim of this study was to evaluate the prevalence of self-harm tendencies and identify associated clinical, behavioral, and psychosocial factors among postpartum women.
Objectives. Primary objective: To assess the prevalence of self-harm tendencies among women in the postpartum period. Secondary objectives: To evaluate the association between self-harm and socio-demographic factors (age, education, material status, place of residence). To determine the relationship between self-harm and obstetric history (parity, pregnancy complications, pregnancy termination, assisted reproduction). To analyze the impact of psychosocial factors, including partner relationship dynamics and support from relatives, on self-harm risk. To investigate the association between behavioral factors (physical activity, smoking, alcohol consumption) and self-harm. To identify potential protective factors associated with reduced self-harm risk in the postpartum period.
Methods. A cross-sectional study was conducted in 2024–2025 using an anonymous online questionnaire distributed via social media platforms. The survey included sociodemographic variables, obstetric history, behavioral factors, psychosocial variables, and self-harm assessment. A total of 1,010 women who had given birth within the past six months were included. Statistical analysis involved Spearman correlation, Mann–Whitney U tests, Welch t-tests, and Fisher's exact tests.
Results: Self-harm tendencies were identified in a substantial proportion of respondents. No significant correlations were observed between self-harm severity and age, education, parity, or physical activity ($p > 0.05$). However, several psychosocial and behavioral factors were significantly associated with self-harm. Women with a history of mental health support demonstrated significantly higher self-harm levels ($p = 0.0003$), as did those with a history of pregnancy termination ($p = 0.033$). Lower material status ($p = 0.0089$) and reduced support from relatives ($p = 0.0139$) were also associated with increased likelihood of self-harm. Relationship dynamics showed the strongest associations: deterioration in relationships with a partner and close relatives was highly significant ($p < 0.000001$ and $p = 0.000003$, respectively). Additionally, current alcohol use ($p < 0.0001$) and smoking ($p = 0.0009$) were linked to increased self-harm risk. Protective factors included breastfeeding ($p = 0.0241$) and the presence of a partner ($p = 0.0332$). No significant associations were found with pregnancy complications, assisted reproduction, or neonatal health outcomes.
Conclusions: Self-harm behavior in the postpartum period is strongly associated with psychosocial vulnerability rather than traditional demographic or obstetric factors. Relationship quality, prior mental health history, and current behavioral factors (alcohol and smoking) appear to play a critical role. These findings highlight the importance of early psychosocial screening and targeted interventions focusing on interpersonal relationships and mental health support in postpartum care.

OVARIAN TORSION CAUSED BY A DERMOID CYST IN THE SECOND TRIMESTER OF PREGNANCY: A CASE REPORT

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Introduction. Ovarian torsion is a rare but important cause of acute abdomen in pregnancy. It is most commonly associated with benign adnexal masses, particularly mature cystic teratomas, which are common in women of reproductive age. The diagnosis during pregnancy is often challenging, as symptoms are nonspecific and may mimic other conditions. This case highlights the diagnostic challenges and management of ovarian torsion associated with a dermoid cyst in the second trimester of pregnancy.
Case description. A 28-year-old primigravida at 19 weeks and 1 day of gestation, with no known prior history of ovarian cysts or adnexal masses, presented with a 4-day history of progressively worsening, sharp pain in the left lower abdomen. On the day of admission, she additionally developed nausea and vomiting. She denied fever or urinary symptoms. Obstetric ultrasonography confirmed a viable intrauterine pregnancy with a fetal heart rate of 139 beats per minute and normal amniotic fluid volume. The cervix measured approximately 35 mm and was closed. The ovaries were not clearly visualized. Abdominal ultrasonography demonstrated a heterogeneous structure in the left hypogastrium at the site of maximal tenderness, more likely representing clustered bowel loops, with indirect signs of intussusception and no evidence of ileus. Due to diagnostic uncertainty, further imaging was performed. Magnetic resonance imaging revealed a fat-containing adnexal lesion in the left ovarian region, consistent with a dermoid cyst. Given the acute clinical presentation, ovarian torsion was suspected. The patient underwent urgent diagnostic laparoscopy, which confirmed torsion of a left ovarian dermoid cyst. A left salpingo-oophorectomy was performed. The postoperative course was uneventful.
Summary. This case describes a 28-year-old woman at 19 weeks' gestation presenting with left lower abdominal pain, in whom ultrasound was inconclusive. Magnetic resonance imaging was crucial in identifying a fat-containing adnexal mass consistent with a dermoid cyst, raising suspicion for ovarian torsion, which was subsequently confirmed laparoscopically.
Conclusions. Ovarian torsion should be considered in pregnant patients with acute abdominal pain, particularly in the presence of adnexal masses. MRI is a valuable diagnostic modality when ultrasound is inconclusive, and prompt surgical management is essential to preserve maternal and fetal outcomes.

WARMING CLIMATES, EARLIER DELIVERIES: TEMPERATURE-DRIVEN PRETERM BIRTH TRENDS AND MATERNAL VULNERABILITY IN LATVIA

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Introduction. Preterm birth, defined as delivery before 37 completed weeks of gestation, is a major cause of neonatal morbidity. Pregnant women may be particularly vulnerable to heat stress due to increased metabolic heat production and reduced thermoregulatory capacity.
Objectives. As climate change is leading to more frequent and intense summer heat across Northern and Baltic countries, this study aimed to investigate whether short-term exposure to higher ambient temperatures is associated with preterm birth (PTB) risk in Latvia between 2004 and 2023, and to identify temperature ranges linked to increased risk.
Methods. We conducted a nationwide retrospective time-series study including 401,050 births recorded in the Latvian Newborn Registry from 2004 to 2023. Daily maximum daytime and nighttime temperatures from 22 weather stations, provided by the Latvian Environment, Geology and Meteorology Centre, were linked to the mother's municipality of residence, aggregated into five regions, and modelled as region-specific summer temperature percentiles from May to September. Associations between acute heat exposure and PTB were assessed using distributed lag non-linear models over lag days 0–4 with quasi-Poisson regression. Models were adjusted for maternal age, education, marital status, region, newborn sex, and temporal confounders. Region-specific exposure–response curves were combined using multivariate meta-analysis to estimate the national association. (The study was approved by the Ethics Committee of Riga Stradins University (No. 2-PĒK-4/450/2025).
Results. Between 2004 and 2023, the number of births in Latvia declined by approximately 29%. The overall preterm birth rate was 5.96%. Across moderate summer temperatures, approximately between the 20th and 70th percentiles, PTB risk remained largely stable. However, risk gradually increased at higher temperature percentiles. On very hot days, around the 90th to 95th percentile of regional summer temperature, the relative risk of PTB ranged from 1.05 to 1.12, corresponding to a 5–12% increase compared with the minimum-risk temperature. Confidence intervals at the temperature extremes included the null value, indicating some statistical uncertainty. Exploratory analyses suggested that associations may be stronger among mothers aged 35 years or older and for late preterm births.
Conclusions. In Latvia's temperate Baltic climate, short-term exposure to very hot summer days appears to be associated with a modest increase in preterm birth risk, with effects occurring acutely within 0–4 days. These findings support preterm birth as a climate-sensitive pregnancy outcome and highlight the importance of integrating heat-related risk awareness into antenatal counselling, public health adaptation strategies, and heat-warning systems that explicitly include pregnant women as a vulnerable group.

TWIN ANEMIA POLYCYTHEMIA SEQUENCE – A CLINICAL CASE

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Introduction. Twin anemia polycythemia sequence (TAPS) is a rare complication of monochorionic twin pregnancies (occurring in approximately three to five percent of monochorionic twin pregnancies), caused by chronic blood transfusion through minuscule placental anastomoses. This results in anemia in the donor twin and polycythemia in the recipient twin. Antenatal diagnosis for TAPS is based on Doppler measurement of the fetal middle cerebral artery peak systolic velocity (MCA-PSV). Delphi consensus group agreed that cut-offs of MCA-PSV ≥ 1.5 MoM in the donor twin and ≤ 0.8 MoM in the recipient twin, or delta MCA-PSV between the twin of ≥ 1.0 MoM, should be used as TAPS diagnostic criteria. Recent studies show corelation of delta MCA-PSV > 0.5 MoM with early-stage TAPS. To the best of our knowledge, this is the first reported TAPS clinical case in Latvia.

Case description. A 34-year-old primigravida woman without chronic illnesses. A spontaneous monochorionic diamniotic twin pregnancy was diagnosed at nine weeks of gestation. Discordant placental echogenicity without clinically significant changes in MCA-PSV values was detected at 28 weeks' gestation. Delta MCA-PSV 0.65 MoM, consistent with TAPS stage 1, was measured at 36 weeks' gestation. No other signs of anemia or polycythemia were detected on ultrasound. During induction of labor, uterine dysfunction was detected and the pregnancy was resolved by an emergency cesarean section. The postnatal inter-twin hemoglobin difference was 14.3 g/dL, which corresponds to TAPS stage 3. Hemoglobin and hematocrit levels were 10.8 g/dL and 25.1 g/dL (reference interval 15.2-23.5 g/dL); 33.9% and 74.9% (reference interval 44 - 72%) for the donor and recipient twin respectively. The donor twin received a blood transfusion, while the recipient twin underwent a partial exchange transfusion. At the time of abstract submission, both neonates remained in the neonatal intensive care unit in stable condition.

Summary. This case shows that in monochorionic twin pregnancies with delta MCA-PSV > 0.5 MoM on Doppler ultrasound or placental dichotomy detected, but normal MCA-PSV values in the donor or recipient, obstetricians must be awareare of potential neonatal complications related to TAPS.

Conclusion. TAPS is a rare but clinically significant complication of monochorionic twin pregnancies, as it can cause severe consequences for both fetuses. Accurate diagnosis and management of TAPS require careful antenatal surveillance and a multidisciplinary approach. Decision-making cannot be based solely on Doppler parameters, but must also rely on a comprehensive, systematic evaluation of sonographic findings during each ultrasonography examination.