

Introduction Gestational diabetes (GDM) has been shown to cause adverse fetal outcomes including macrosomia, shoulder dystocia and stillbirth. The multinational Hyperglycaemia and Pregnancy Outcome (HAPO) Study has shown there is a linear relationship between oGTT result and fetal growth. Investigating epidemiological risk factors is essential to ensure appropriate high-risk groups are being screened.

Methods and Materials A retrospective case note review was undertaken of all patients with newly diagnosed GDM ($n = 321$) over a 2-year period at the West Middlesex University Hospital. The 75 g oGTT results were recorded with relevant demographic data including parity, age, BMI and ethnicity.

Results Asian ethnicity had the highest fasting plasma glucose ($\mu = 5.49$; $n = 208$), and 2-hour plasma glucose ($\mu = 9.32$; $n = 208$). One-way Anova revealed a statistically significant difference between Caucasian, Black, Asian and Oriental ethnicities with fasting glucose ($p = 0.008$) and at 2 hours ($p = 0.046$). Regression analysis revealed a significant direct association between BMI and fasting glucose ($p = 0.002$; $R = 0.169$). On simple scatter plot analysis, an inverse correlation was evident between age and fasting plasma glucose level, although this was not significant on regression analysis.

Discussion This study highlights the variation in glucose tolerance between different ethnicities. It also substantiates the known relationship between BMI and fasting plasma glucose. Historically increasing age has been associated with insulin resistance and is a known risk factor for GDM. Interestingly, this study suggests that fasting glucose amongst GDM patients is inversely related to age, perhaps owing to lifestyle factors and differing perceptions amongst younger patients.

PM.85 DIAGNOSING PE IN MATERNITY PATIENTS. AN AUDIT OF RADIOLOGICAL INVESTIGATIONS AND CLINICAL INTERPRETATION

doi:10.1136/archdischild-2013-303966.166

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VTE is an important cause of maternal mortality but signs and symptoms are unreliable. Ionising radiation has hazards for the fetus and mother. Current American Thoracic Society guidelines recommend VQ scans in preference to CTPA if chest x-ray and lower limb Doppler are negative but clinical suspicion remains.

VQ scans are not diagnostic, results are given as a probability of PE, i.e. none, low, intermediate or high which can be difficult for the clinician to interpret.

We undertook an audit to compare practise with guidelines and assess clinical interpretation of VQ scans. Results were compared with CTPA. All maternity patients, between 8 weeks gestation and 6 weeks post-partum, undergoing VQ or CTPA were identified from a radiology database. Clinical information was obtained from notes and computerised records. Data was analysed with excel and 2×2 tables.

78 maternity patients were identified, 5 had PE identified on CTPA. Chest x-ray was performed in 92% patients and lower limb Doppler in 68% (audit standard 100%). VQ scans were performed in 59% women and CTPA in 56%. 60% patients with low/intermediate and intermediate VQ scans underwent CTPA and 2 (33%) were found to have PE. In the 12 patients who underwent both CTPA and VQ scanning, the sensitivity of VQ was 33% and specificity was 60%.

Clinicians need to be aware of the high probability of PE in patients with intermediate results, and in many cases even a low probability result should prompt consideration of CTPA.

PM.86 MELANOMA IN PREGNANCY: A CASE REPORT

doi:10.1136/archdischild-2013-303966.167

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A 36 year old presented at 20 weeks gestation with an abnormal mole. Biopsy revealed a non-ulcerated Stage 1B malignant melanoma with 1.3 mm Breslow thickness and 3.5 mitosis/mm² (T2a). Lymphoscintigram identified an inguinal sentinel node. She underwent sentinel node biopsy (SNB), wide local excision (WLE) and excision of the melanoma biopsy scar. She delivered a healthy female infant at 38 weeks with no placental or fetal metastasis. Follow up of the patient over the next 10 months has shown no disease recurrence.

The challenges surrounding melanoma in pregnancy lie in the timing and mode of investigation and treatment. Studies comparing localised melanoma in pregnant and non-pregnant individuals have not identified any differences in stage, tumour thickness, lymph node metastases or survival¹. The management of this patient is more aggressive than that advocated in a recent case series in which WLE under local anaesthetic, with SNB postpartum is advocated for second trimester T1b-2b patients.² No adverse effects to the fetus have been identified following lymphoscintigram³. In conclusion, our data support the use of lymphoscintigram with SNB during pregnancy.

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PM.87 UNPLANNED PREGNANCY IN A WOMAN WITH HUNTINGTON'S CHOREA

doi:10.1136/archdischild-2013-303966.168

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A 35 year old hospital worker was diagnosed with Huntington's disease in the previous year after following a personality change.

Her main symptoms reported was that of choriform movements and anxiety which was managed with 150 mg of Venlafaxine. Her mother also suffers from the condition. The pregnancy was unplanned and booked at 24 weeks. The couple were aware of the 50% risk of inheritance to the baby, but declined prenatal testing as they would not have undergone a termination should the result be positive. Antenatally, her choriform movements increased causing her to fall and fracture her right humerus. She required help with activities of daily living and subsequently social workers and occupational therapists were involved in her care. There was evidence of good clinical growth, although at 34 weeks gestation scan demonstrated evidence of an enlarged heart for which all investigations were normal.

The plan was to aim for a vaginal delivery, however she presented with SROM of thick meconium in early labour. She progressed to 4 cm dilatation, developed a bradycardia and subsequently had a CS. The apgars were normal and the patient made a straightforward post op recovery. The enlarged heart was not confirmed postnatally.

This report focuses on the issues involved in reproductive decision making and prenatal testing in parents at risk of Huntington's disease. Both deciding to abstain from having children or to pursue prenatal testing, with a 50% chance of a positive result, reflect complex problems.

PM.88 SEPSIS – KEEPING AN OPEN MIND!

doi:10.1136/archdischild-2013-303966.169

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