Role of Nitroderm alone *vs* Nitroderm + Seleparin/Enoxaparin in the treatment of intrauterine growth restriction (IUGR)

Floriana Maria **Bellavia** *, Ferdinando Antonio **Gulino**, Alessia **Torre**, Calogero **Russo**, Stefano **Cianci**, Canio **Martinelli**, Roberta **Granese**, Alfredo **Ercoli**

Policlinico "Gaetano Martino", Messina, Italy.

DOI: 10.36129/jog.2023.S07

Objective. The objective of the study was to evaluate the effects of Nitroderm TTS alone *vs* Seleparin/Clexane and Nitroderm TTS administered to pregnant patients in third trimester with foetuses affected by intrauterine growth restriction (IUGR).

Materials and Methods. This was a retrospective study conducted at University of Messina between 2019 and 2023, on 49 pregnant patients affected by IUGR in the third trimester of pregnancy, with EFW power than the 10th percentile.

The patients were divided into two groups: a first group of 28 patients who were treated with transdermal nitroglycerin, and a second group of 21 patients treated with a Seleparin 0.4 ml or enoxaparin 4,000 IU 1 fl/die and nitroglycerin. An ultrasound evaluation of foetal biometry according to Hadlock foetal growth curve was performed at the time of the hospital admission and after 14 days.

Results. 14.28% of the patients were affected by gestational hypertension. 6.12% by gestational diabetes. The mean time of treatment was 11.46 days ± 2.83. The improvement of foetal growth in group 1 after two weeks was higher than in group 2 ($p < 0.05$). The rate of caesarean section was 93.87%: 54.34% treated with Nitroderm alone and 45.65% treated with Seleparin or enoxaparin and Nitroderm. The first group of patients had a gestational age at delivery of 37 weeks ± 2 days, while the second group was 35 ± 3.

Conclusions. The treatment with Nitroderm TTS alone is more effective than combined treatment with heparin, but it is insufficient to reduce the caesarean section rate.