

patient to patient. The purpose of this research is preserved maternal health in teenage pregnant. methods: this clinical research evaluates the teenage pregnant women during one year in pymanieh Hospital dependent to Jahrom University of medical sciences. pregnancies is due to within marriage in Iran. From 2049 pregnant ladies, 156(7.6%) of them were in teenage pregnancies, that 84.4% of them were from the rural area and 16.8% of them were from urban area. Average age of 1 lady (.6%) 12 year, 1 (.6%) 13 year, 1 (.6%) 15 year, 9 (5.9%) 16 year, 23 (14.9%) 17 year, 41 (25.5%) 18 year, 80 (51.9%) 19 year. 143 (92.9%) ladies were gravid 1, 9 (5.8%) gravid 2, 2 (1.3%), gravid 4. 6 (3.9%) abortion was detected. Weeks of gestational age (GA) are included: 8 (5%) women under 37 GA, 141 (91.5%) term pregnancy, 4 (3.1%) post term. The complications of teenage pregnancy are included: Vacuum delivery in 5 patients (3.2%), GI disorders in 4 (2.6%), previous abortion in 4 (2.6%), postpartum hemorrhage in 2 (1.2%), oligohydramnious in 1 (.6%), placental disorder in 3 (1.9%), prolonged gestational age in 2 (1.2%), premature delivery in 10 (6.5%), preeclampsia in 3 (1.9%), anemia in 3 (1.9%), premature rupture of membrane (PROM) in 16 (10.4%), gestational diabetes in 1 (0.6%), pyelonephritis in 2 (1.2%), elevated levels of amylase enzyme in 1 (.6%). Apgar scores of newborn: 96.1% of them were 7-10 and 3.9% of them were under 6. Newborn weight: 8 (5.1%) baby under 2500 g, 127 (82%) baby between 2500-3500 g, 19 (12.3%) baby superior 3500g, 2 (1.2%) baby more than 4000g.

Results: The high level rural statistic for teenage pregnancy is due to multifactor's conditions like: low parenthood culture and force of them for marriage, fear of marriage after 20 years, multiple children, low income. In addition, most of women were delivered at term stage. The rate of postpartum hemorrhage, oligohydramnious, placental disorders, preeclampsia, gestational diabetes, pyelonephritis, anemia, post term pregnancy, PROM and vacuum delivery were lower limit. GI disorders are mildly increased. The most of newborn weight were in normal range.

Conclusions: the most of teenage pregnant women have normal condition when they have parenthood and husband's support but cognitive immaturity is present for this stage live. The presence of good health care in Iran is decreased the complications of teenage pregnant women.

Key word; teenage pregnant, preserve health, decreased the complications

## Imaging Techniques for Detecting Breast Cancer

1 Soheila refahi, 2 Zahaleh Behrouzkia

1 Ardebil University of Medical Sciences, 2 Uromia University of Medical Sciences

Breast cancer is the most commonly diagnosed cancer and the second leading cause of cancer death among women in America. A few years ago, the odds of developing breast cancer were reported as 1 in 13. Now the chance is 1 in 9. The only way today to find out for sure if a breast lump or abnormal tissue is cancer, is by having a biopsy: A suspicious tissue is removed by a surgical excision or needle biopsy and is examined under a microscope by a pathologist who makes the diagnosis. Imaging techniques of the breast are therefore vital since they will allow early detection of cancer, and localization of the suspicious lesion in the breast for a biopsy procedure. In this study we explain imaging techniques for detection breast cancer.

## فارماکوکینتیک داروها حین بارداری و نقش جفت بر آن

دکتر علیرضا رفیعی نیا - مدیریت درمان تأمین اجتماعی استان اصفهان  
خیابان لاله پلی کلینیک شماره ۶ بیمارستان دکترغرضی  
Email : rafeeniaa@yahoo.com

### خلاصه :

در اثنای بارداری مادر و جنین دو واحد مجزا تلقی نشده و در واقع یک واحد متحد تحت نام مادری - جنینی می‌باشند. در این مجموعه واحد حفاظت مادر برای فعالیت و پیشرفت روند هر دو قسمت ضروری است. به همین دلیل دارو درمانی مادر باردار در مواقع ضروری با عطف به حفظ جنین او از گزند مواد خارجی باید انجام شود.

طبق برآوردهای سازمان بهداشت جهانی نقص تکامل‌های جنینی بزرگ غالباً در ۲ تا ۴٪ از کل زایمانها اتفاق افتاده و ۱۵٪ از کل بارداریهای مشخص شده به سقط جنین منتهی می‌شوند. عامل اصلی این بارداریهای ناموفق تحت تحقیق و بررسی بوده و تنها دانش بشری علیرغم پیشرفت زیاد هنوز به بخش کمی از این دلایل پی برده است.

در این مقاله ما به شرح برخی از این مشکلات که ناشی از القاء دارویی می‌باشند خواهیم پرداخت. کلاً اساس دستیابی علم پزشکی به نقص عضوهای جنینی ناشی از داروها بصورت موردی و گروه موارد صورت گرفته است. این اطلاعات گرچه در طراحی دورنمای مشکوک به تراژژن بودن مؤثرند ولی نمی‌توانند بصورت مطلق در این مورد قضاوت نمایند. نتایج مطالعات اپیدمیولوژیک صد البته ابزارهایی قدرتمند در رابطه با ایجاد ارتباط منطقی بین عوامل خارجی و بارداریهای با عارضه می‌باشند.

نقص عضوهای جنینی طی ۲ هفته اول جایگزینی بواسطه القا دارویی بوجود نمی‌آیند (طی دوران موسوم به هیچ یا همه) دوران تشکیل اعضاء (هفته های ۴ تا ۱۰ بارداری) حساسترین دوره نقص عضو جنینی می