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## Evaluation of fetal corpus-callosum as a biomarker of altered brain-programming in hyperglycemia-in-pregnancy

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**Introduction:** Fetal brain-reorganization in hyperglycemia-in-pregnancy (HIP) could possibly be detected by neuroimaging of corpus-callosum (CC) due to its extensive interconnectivity within brain.

**Objective:** To assess the difference in fetal CC length and area between HIP and euglycemic pregnancies (EP).

**Methods:** We identified 54 HIP and 95 EP based on HbA1c and oral-glucose-tolerance-test (2015-16). Outer-outer (O-O), inner-inner (I-I) CC lengths (mm) and area (mm<sup>2</sup>) were measured using two-dimensional transabdominal neuroimaging in midsagittal-plane in third-trimester.

**Results:** The mean gestational age (GA) at ultrasonography was similar for HIP and EP (33.5 vs. 33.2 weeks; P=0.57). After adjustment for GA at scan, gender, cephalic-index (CI), maternal-body-mass-index (BMI) and age, mean I-I CC length was 1.3 mm lower (95% CI: -2.5 and -0.09; P=0.03) and mean CC area was 22.0 mm<sup>2</sup> lower in HIP-fetuses, (-35.1 to -9.0; P<0.01) compared to EP fetuses with no significant difference in O-O CC length (-0.59, -1.9 to 0.70; P=0.37). In sub-group analyses, essential-diabetes (ED) was associated with significantly lower I-I, O-O CC lengths and areas compared to EP. Gestational-Diabetes (GD) was only associated with lower area with a smaller magnitude than for ED. GA at scan was another significant predictor with an increase of 0.75 mm O-O, 0.48 mm I-I and 2.1 mm<sup>2</sup> area per GA week increase.

**Conclusion:** HIP is associated with reduced I-I CC length and area driven largely by ED. This may potentially indicate adaptive fetal brain-reorganization in response to compromised intra-uterine environment. Association between inadequate CC growth among HIP fetuses and neuro-cognitive impairment in early childhood needs further evaluation.

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