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**ECV FACILITATION BY ANESTHESIA FOR BREECH PRESENTATION - A QUANTITATIVE SYSTEMATIC REVIEW** *Gagnon, S.<sup>1</sup> Turreau, L.M.<sup>2</sup> Macarthur, A.J.<sup>2</sup>* 1. Anesthesia, CHUQ, Quebec City, QC, Canada; 2. Anesthesia, Mount Sinai Hospital, Toronto, ON, Canada Recent RCT results have recommended cesarean delivery for breech presentation.<sup>1</sup> The only proven therapy to reduce the incidence of breech presentation is an external cephalic version.<sup>2</sup> The purpose of our study was to systematically review the literature to identify all RCT assessing the effect of any anesthetic on success of ECV attempts and pregnancy outcomes. The databases searched: MEDLINE, PUBMED, EMBASE, COCHRANE CONTROLLED TRIALS REGISTER, and WEB OF SCIENCE from 1945-2001, as well as hand searches. Selection criteria for studies were randomised/quasi-randomised trials comparing anesthesia vs no anesthesia. Primary outcome of interest was the proportion of successful versions at the end of ECV attempt. Other outcomes of interest: fetal presentation at delivery, method of delivery, fetal morbidity/mortality and maternal morbidity. Trials under consideration were evaluated by 2 reviewers according to prestated selection criteria. Results were pooled using fixed effects model for dichotomous outcomes if homogeneity demonstrated. 24 manuscripts were identified and reviewed. Of these, 21 articles were excluded due to the following reasons: 5 observational prospective studies, 16 retrospective studies. Only 3 randomised clinical studies met inclusion criteria: 2 studies compared epidural anesthesia<sup>3,4</sup> to no anesthesia, while 1 study compared spinal anesthesia to no anesthesia.<sup>5</sup> Other differences between the 3 studies: transverse lies, use of vaginal elevation of breech presenting part, and degree of motor block achieved. Individual study results are displayed in table. Pooling of data for the primary outcome and fetal morbidity was acceptable as findings weren't heterogeneous ( $p=0.0924, 0.3667$ ). The pooled result proportion of immediate success at ECV attempt was a relative risk of 1.5 (95% CI 1.2-2.0). That is women receiving anesthesia for ECV attempts were 1.5 times more likely to have a successful version. Pooled results showed no increased risk in fetal morbidity with the use of anesthesia for ECV attempts (RR 1.3; 95% CI 0.6-2.9). Other secondary outcomes were heterogeneous and could not be pooled. 1. *Hannah M. Lancet 2000; 356(9239):1375-83.* 2. *Hofmeyr G. Cochrane DSR 2001;(3): CD000184.* 3. *Schorr S. Am J Obstet Gynecol 1997;117(5):1133-7.* 4. *Mancuso K. Obstet Gynecol 2000;95:648.* 5. *Dugoff L. Obstet Gynecol 1999;93:345-9.*

	ECV Success (#)	Pres'n@Del(#ceph)	Vag. Deliv(#)
Schorr-Anesth vs Control	24/35 vs 11/34	24/35 vs 10/34	23/35 vs 7/34
Mancuso-Anesth vs Control	32/54 vs 18/36	32/54 vs 19/35	29/54 vs 16/54
Dugoff-Anesth vs Control	22/50 vs 22/52	20/50 vs 26/52	16/50 vs 25/52

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**META ANALYSTS CHALLENGE THE PUERPERAL PREDICTIONS OF MALLAMPATI ADVOCATES** *Glassenberg, R. Fredericksen, M. Anesthesiology, Northwestern, Chicago, IL.* Introduction: The inter-observer variability of the Mallampati test is 20%, the sensitivity (TPR) varies with the false positive rate (FPR), the positive predictive value (PPV) depends on the prevalence of difficult intubation in the population. (1) What is the accuracy of the scoring system? (2) What are the TPR and PPV in a model population, where a proportion of difficult appearing airways were secured awake prior to induction of general anesthesia for C-section? Methods: A Medline search found 12 reports using the Mallampati exam. The number of patients per study range from 250 to 10,500. A meta-analytical method using a logit function converted the data to a linear system. The data were back-transformed using an exponential function, and plotted as a summary ROC curve. Mathematica was used to integrate the function to find the area under the ROC curve, the true accuracy of the test. We used an intent to treat analysis to give values for PPV for the model population. Conclusion: The accuracy of the Mallampati test is only 75%, better than if the predictions were obtained by chance. Chemical analysis to determine the presence of a disease, alpha feto protein for neural tube defects, have accuracies and sensitivities greater than 90%. Acting on the results of a test with even moderate accuracy reduces the prevalence of difficult intubation. *Littenberg, Med Decis Making 1993; 13:313-321*

