289 A case of pregnancy after Budd-Chiari syndrome. K.Nagaya, S.Kuwashima*, Dept. Obst. and Gynec., Musashino Red Cross Hosp. Tokyo, *Dept. Obst. and Gynec., Asahi Central Hosp., Chiba.

We report a case of pregnancy and delivery after Budd-Chiari syndrome,performed membranotomy with a Gruentzig catheter. The patient was 28-year-old, primipara and visited a physician in August, 1986, complaining swollen legs. A membranous stenosis of the hepatic portion of the inferior vena cava was noticed by ultrasonography, and applied membranotomy with a balloon catheter. She got 60% of dilatation and was discharged. A year later, she visited our department and diagnosed 9 weeks pregnant. We confirmed the dilatation carefully throughout pregnancy, delivery and postpartum. Anticoagulants, heparin and warfarin,were used just after delivery, continued 7 months and tapered off 8 months later. Now, 30 months passed,everything goes well on her. Budd-Chiari syndrome is a rare disease and the report of delivery after this syndrome is almost nothing. Vons proposed the possibility of pregnancy after this disease in Lancet,against the commonsence that pregnancy was a contraindication in this disease. This is a first domestic report, and followings are expected to make manuals to treat this complication.

290 CEA production of human ovarian cancer cell line. O.Yamauchi,O.Hayakawa,R.Kudo,M.Hashimoto, Dept.Obst.and Gynec.,Sapporo Med.College, Sapporo.

Using CEA producing human ovarian cancer cell line (OMC-1), changes in the secretion and the cellular content of CEA were observed following the administration of various agents. Likewise, the relationship of these changes to the cell cycle was examined by flow cytometory (FCM). When investigation for manifestations of CEA in OMC-1 with the DNA/CEA double stain method using FCM was done, it was observed that CEA was manifested in all phases irrespective of cell cycle. When the control level of CEA secretion-promoting sodium butyrate (NaBT) 1mM, dbc-AMP 1mM and theophylline (theo) 2mM was increased 1.8 times or more, an increase in the cellular content of CEA of 1.7 times or more than that of control was observed for each agent. By administration of NaBT, synchronous effects on the GO+G1 phase of the cell cycle were recognized. Analysis by the DNA/Ki-67 double stain method using FCM revealed an increase in Ki-67 negative GO phase cells with administration of NaBT and theo. By administration of dbc-AMP, non-cycling cells, which were Ki-67 negative, of not only GO, but also S+G2/M phase, increase greatly. It was suggested that promotion of CEA production was closely related with the increase of GO cells or non-cycling cells.

291 The serum factor for secration of CA125 in ovarian cancer.T.Ōsaki, S.Sekiya and H.Takamizawa.*Dep.Obstet.Gyn.Chiba Univ.School of Medicine.*

Purpose:We examine the serume factor that regurate the CA125 secretion by using 8 human ovarian cancer cell lines.Method:We use 8 human cell lines showed as below, serus cyst adenocarcinoma origin HOC-21, SHIN-3, HUOA, mucinous cyst adenocarcinoma origin OMC-3, endmetrioid adenocarcinoma origin HAC-2, HMOA, clear cell carcinoma origin HAC-2, HUOCA-II. HOC-21, OMC-3 and HAC-2 can be cultured in the serum-free medium, Biorich1. Result:1)CA-125 level in the medium conteining 10% FBS is ranged from 600U/10^6 cells/48hr(HMOA)to 8>(HOC-21, HUOCA-II), so there is heterogeneity in the human ovarian carcinoma cell lines.2) In the serum-free medium, CA-125 level of HOC-21 is 18U/10^6 cells/48hr(vs 8 in the medium conteining 10% FBS), 57U(33U) of OMC-3, 37U(53u) of HAC-2. So, 2 of 3 are promoted of CA-125 level.3) We examine the influence of the transforming growth factor B(TGF B) to secration of CA125 in the condition of serum free medium. CA125 is promoted in OMC-3, which multiplication is supressed by TGF B. Conclusion:In the serum, there is a factor which regurats the secration of CA125. TGF B is a factor to promote the secration of CA125. This study is valuable to examine the CA125 secration.